

Jentaro Neishi (1878-1941) Railroad Retirement Board file from the National Archives at Atlanta

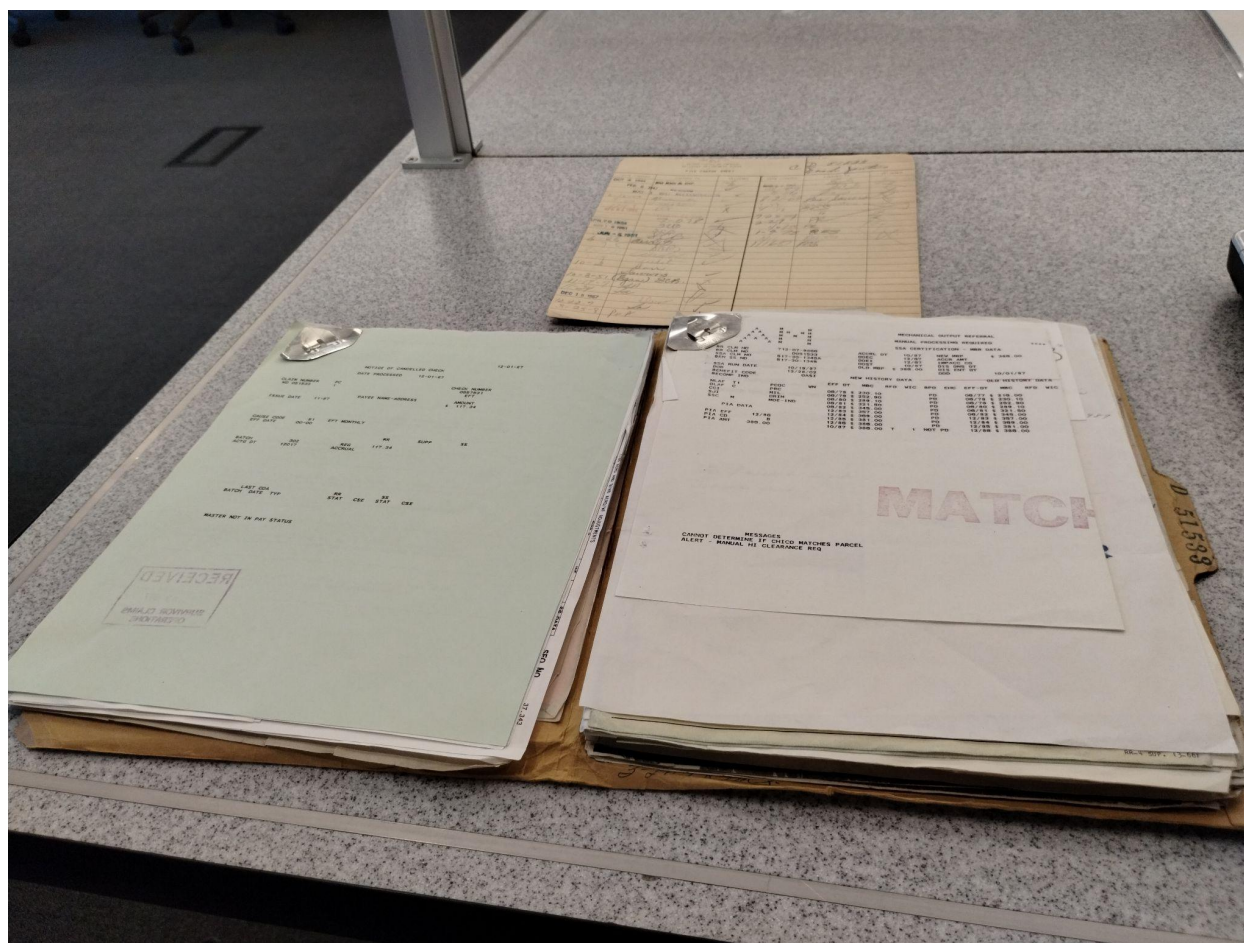
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FORM NO. G-120
(6-3)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

FILE CHARGE SHEET

C

CLAIM NO.

D 51533

NAME

Reishi Jantaro

DATE CHARGED	CHARGED TO	RETURNED	DATE CHARGED	CHARGED TO	RETURNED
OCT 4 1944	BU RES & INF.	10/6	MAR 27 1958	SCB	X
FEB 5 1947	RE-EXAM	✓	5-28	BCS	X
MAY 1 1947	REEXAMINATION	X	6-24	Res	X
6-16-47	Reexamination	✓	8-21-69	Res Sauers	X
7-29	Translater	✓	9-29	Res Sawyers	X
11-19	PR	X	4-38	BCS	X
APR 29 1948	SURVIVORS CL DIV.		7-23-1	"	X
	9-078	✓	2-27	PR	X
PR 20 1951	SCB	X	1/6/75	PR	X
MAY 1 8 1951	SCB	X	1-9-75	RES	X
JUN - 5 1951	SCB	X	3/11	Res 001	X
6-25	Audit	X	11/1687	RES	X
7-5	BCB	X			
8-21-51	Audit	X			
9-19	Unit	✓			
10-2	Don				
10-2	Survivors	✓			
10-3-51	(Egan) SCB.	X			
11-17-7	LA	X			
11-24	LA	X			
DEC 1 9 1967	LA	✓			
12-22-7	LA	✓			
3-25-8	PR A	X			

MECHANICAL OUTPUT REFERRAL

MANUAL PROCESSING REQUIRED

SSA CERTIFICATION - MBR DATA

ACCRL DT 10/87 NEW MBP \$ 386.00
DOEC 12/67
DOEI 12/67 IMPACC CD
DOST 10/87 DIS ONS DT
OLD MBP \$ 386.00 DIS ENT DT
DOD 10/01/87

TYPE OF ACTIVITY INFORMATION ****

NAME MIYUKI NEISHI SEX F

RPC COA NO ZIPCD 97206

NAME AND ADDRESS

MIYUKI NEISHI
15405 SE HOLGATE
PORTLAND OR
97206

10/28/87

PPPPP A A M M M
P A A M M M
PPPPP A A M M M
P A A A M M M
RR CLM NO 712-07-9866
RR CLM NO DO51533
SSA CLM NO 517-30-1345A
BEN SS NO 517-30-1345
SSA RUN DATE 10/19/87
DOB 12/28/02
BENEFIT CODE QASI
RECOMP IND

NLAF T1 PCOC WN
OLAF C PRC
CCI MIL
SUI DRIM
SSC MOE-IND

PIA DATA
PIA EFF 12/86
PIA CD B
PIA AMT 386.00

NEW HISTORY DATA

OLD HISTORY DATA

EFF DT	MBC	RFD	WIC	BPD	EHC	EFF-DT	MBC	RFD	WIC	BPD	EHC
06/78	\$ 230.10			PD		06/77	\$ 216.00			PD	
06/79	\$ 252.90			PD		06/78	\$ 230.10			PD	
06/80	\$ 289.10			PD		06/79	\$ 252.90			PD	
06/81	\$ 321.50			PD		06/80	\$ 289.10			PD	
06/82	\$ 345.00			PD		06/81	\$ 321.50			PD	
12/83	\$ 357.00			PD		06/82	\$ 345.00			PD	
12/84	\$ 369.00			PD		12/83	\$ 357.00			PD	
12/85	\$ 381.00			PD		12/84	\$ 369.00			PD	
12/86	\$ 386.00			PD		12/85	\$ 381.00			PD	
10/87	\$ 386.00	T	1	NOT PD		12/86	\$ 386.00			PD	

DPA DATA

DPA DOB 01/78
CODE NAME JNEIS
YR LST WKD 41
YR DEATH 41
SERV MO 37-46 59
TOT SERV MO 59
GF-HI IND NO GF
RR EMPLOYEE J NEISHI

ORIG CLM NO 000051533
ORIG BEN SUF WD

HI/SMI DATA

HENC	A	SENC	I
HENC		SENC	
DOEH		DOES	
DOTH1		DOFS	
PHOC		SPAC	
FDOEH		PDA	
DOTH2		DOTS1	
PSOC		TPCS	
FDOES		TEDS	
DOTS2		TTDA	
CHOC	P	CSOC	P
		CSPP	%

WATCH

MESSAGES
CANNOT DETERMINE IF CHICO MATCHES PARCEL
ALERT - MANUAL HI CLEARANCE REQ

So that we can handle the attached material promptly, please furnish the following information:

RRB Claim Number

41 D 051533

WD 051533

Railroad Employee's
Social Security Number

517-30-1345

FULL NAME OF
RAILROAD EMPLOYEE

Tentara Neishi

RETURN THIS FORM AND THE ATTACHED MATERIAL IN THE ENCLOSED ENVELOPE

Railroad Retirement Board

"KUZIE"

KUZIE AMES

Star Rt. North--Box 20A, Depoe Bay, OR 97341
503 764-2511

Oct 15, 1987

Dear Sir;

You may stop the pensions sent for Miyuki
Neishi Birthdate 12/28/02 Social Security No.
517-30-1345 as she has passed on Oct 1, 1987

Thank You
Kuzie Ames
(Daughter)

If I need to send any other information
Let me know.

**MATCH
WITH
FOLDER**

MASTER BENEFIT ADJUSTMENT RECORD CONTROL
FOR RESEARCH USE ONLY
STATISTICAL SERVICES

CLAIM NO. 151533ACCOUNT NO. 176918201
19034112
194558**REJECT INFORMATION:**

Type of Reject:

TRANSACTION

RECONCILIATION

POST EDIT

OTHER

ACCOUNTING
DATE

CODE

Action Taken:TYPE OF FILE 10 ☐ 20 ☐ 29 ☐ 30 ☐ 40 ☐ 50 ☒ 60 ☐ 80 ☐TYPE OF BENEFIT 1 ☒ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐INSERT ☐INT. ☐RECERT. ☐R&R ☐REIN. ☐DELETION ☐G-420A ☒G-247 ☐**REMARKS:**

This Action Void After

MONTH

YEAR

PROCESSED BY CA

Kazuko Ames
 SRN Box 20A
 Depot Bay Ore 97341



BUREAU OF RETIREMENT CLAIMS
 RAILROAD RETIREMENT BOARD
 844 RUSH STREET
 CHICAGO, ILLINOIS 60611

Please use this envelope for forwarding
 your reply to the Board. Affix the
 required postage.

No. _____ Unit PCS

**RECORD OF REQUEST FOR STOP PAYMENT
AND REQUEST TO REMOVE STOP PAYMENT**
(Retain in file/Forward to Treasurer, U.S.)

1. Date of Request 3-13-74	2. Reason <input type="checkbox"/> Non-receipt <input type="checkbox"/> Other: <input checked="" type="checkbox"/> "X" if confirmation <input checked="" type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> "X" if correction	3. Amount 72.15	4. Date of Check 2-1-74	5. Symbol 2074	6. Check Number 91,247,930
7. Payee's Name (enter only when not identical to the claimant's name in Box 9)					
8. Remarks (including identification or reference) RR EDP 36 RW:EV		9. Claimant of Check and Current Address MIYUKI NEISHI 120 NE HOLLADAY PORTLAND OR 97232 WD 051 533-1		11. Payee ENTITLED to proceeds; Treasurer, U.S., requested to remove stop payment: <input type="checkbox"/> Check remailed to payee. <input type="checkbox"/> Correspondence attached. <input type="checkbox"/> Check marked NOT NEGOTIABLE and forwarded to Treas. U.S.	
10. TREASURER OF THE UNITED STATES, CHECK CLAIMS DIVISION, STOP PAY BRANCH, WASHINGTON, D. C. 20226: According to the records of this office, stop payment against the check described above may be removed as indicated. Date _____ Disbursing Officer _____					

1180-116

CHECK INVESTIGATION TRANSMITTAL

1. DATE TRANSMITTED TO TREASURY 3/11/74

2. RRB CLAIM NUMBER WD-051533

3. DATE OF CHECK 2/1/74

* 4. BETWEEN CHECKS NUMBERED _____ TO _____

5. NAME Miyuki Neishi

ADDRESS 120 N E Holladay
Portland, OR 97232

* Check main file records if no "between" numbers are indicated.

RAILROAD RETIREMENT BOARD
Initials WD/MLG

RRB FORM G-333 (5-68)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

MAR 11 1974

BUREAU OF RETIREMENT CLAIMS

[Miyuki Neishi
120 NE Holladay
Portland, OR. 97232]

WHEN WRITING TO THE BOARD
ALWAYS GIVE

THIS CLAIM NO. → WD-051533

We have asked the Treasury Department to place a "stop payment" against your missing check(s) and issue a substitute check(s). If you receive the original check(s) before you receive "Advice of Request for Stop Payment" from the Treasury Department, you may cash the check(s) immediately. (check dated 2/1/74)

If you receive the original check(s) after you receive the "Advice of Request for Stop Payment" from the office of the Treasurer of the United States, please follow the instructions on the reverse side of that form.

Very truly yours,

D. M. Smith

D. M. Smith
Director of Retirement Claims

Amas

ANNUAL REPORT

ENTER YOUR RRB CLAIM NUMBER

Myuki NEISHI

D 5 1 5 3 3

1. AFTER 1969, did you:

A. Work for an employer in the railroad industry? ☐ YES ☒ NO
If "Yes," give:

NAME OF EMPLOYER DATE WORK BEGAN DATE WORK ENDED

B. Marry? ☐ YES ☒ NO
If "Yes," give:

DATE OF MARRIAGE

C. Get a new social security account number? ☐ YES ☒ NO
If "Yes," give:

NEW ACCOUNT NUMBER

D. Begin to receive monthly benefits from the Social Security Administration? ☐ YES ☐ NO
If "Yes," give:

MONTHLY RATE DATE BENEFITS BEGAN
\$ DATE OF PERSON ON WHOSE EARNINGS BENEFIT IS BASED THAT PERSON'S ACCOUNT NUMBER

2. Did you earn MORE THAN \$1,680 in the calendar year 1970? ☐ YES ☒ NO
If "Yes," complete A through D:

A. Social security account number: *517-30-1345*

B. Total earnings from employment and self-employment in 1970. (Include GROSS earnings from ALL employment for hire and NET earnings from self-employment) *Self - Rooms* *848* DOLLARS *+* CENTS

C. Name of employer: *Self - Rooms*

D. Give the information asked for below:

1970	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
Show amount you earned each month as an employee												
	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
1970	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Show "X" for each month worked as a self-employed person	X	X	X	X	X	X	X	X	X	X	X	X

3. Do you expect to earn MORE THAN \$1,680 in the calendar year 1971? ☐ YES ☒ NO
If "Yes," complete A and B:

A. Total expected earnings for entire year 1971. . . . \$ *800*

B. Are you now working? ☒ YES ☐ NO

4. ANSWER THIS QUESTION ONLY IF YOU ARE A STUDENT, AGE 18-21.

After September 1970, have you:

A. Stopped attending school full time? ☐ YES ☐ NO
If "Yes," give:

DATE YOU STOPPED SCHOOL OR BECAME PART-TIME STUDENT

B. Changed schools? ☐ YES ☐ NO
If "Yes," give:

NAME AND ADDRESS OF PRESENT SCHOOL

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

(DATE SIGNED)

(SIGNATURE OF PERSON MAKING THIS REPORT)

ADDRESS

(NUMBER AND STREET)

(CITY)

(STATE)

(ZIP CODE)

BE SURE TO ENTER YOUR RRB CLAIM NUMBER AT THE TOP OF THIS FORM

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD844 RUSH STREET
CHICAGO, ILLINOIS 60611

BUREAU OF RETIREMENT CLAIMS

This form asks questions about events in 1970 and 1971 which could affect your Railroad Retirement Act benefits. Please read this letter carefully and follow the instructions for completing the form.

Answer questions 1 through 3 on the form. (If you are a student age 18-21, ALSO answer question 4.)

- IF YOUR ANSWER TO ANY QUESTION IS "YES," you should complete the form and return it to the Board. Be sure to enter your RRB claim number in the space provided at the top of the form. (Your claim number is shown on the enclosed address card.) After you have completed and SIGNED the form, promptly return the form and the address card to the Board in the enclosed envelope.
- IF ALL OF YOUR ANSWERS ARE "NO," do not return the form.

The address shown on the envelope is used only for receiving these reports. The envelope should not be used for mailing any other communication to the Board.

Very truly yours,

D. M. Smith

D. M. Smith

Director of Retirement Claims

Enclosures

ANNUAL REPORT

ENTER YOUR RRB CLAIM NUMBER

D 4-51533

1. AFTER 1968, did you:

- A. Work for an employer in the railroad industry?
- ☐
- YES
- ☒
- NO
-
- If "Yes," give:

NAME OF EMPLOYER DATE WORK BEGAN DATE WORK ENDED

- B. Marry?
- ☐
- YES
- ☒
- NO
-
- If "Yes," give:

DATE OF MARRIAGE

- C. Get a new social security account number?
- ☐
- YES
- ☒
- NO
-
- If "Yes," give:

NEW ACCOUNT NUMBER

- D. Begin to receive monthly benefits from the Social Security Administration? . . .
- ☐
- YES
- ☐
- NO
-
- If "Yes," give:

MONTHLY RATE

DATE BENEFITS BEGAN

\$

NAME OF PERSON ON WHOSE EARNINGS BENEFIT IS
BASED

THAT PERSON'S ACCOUNT NUMBER

Husband - Janetiro Nerishi

Deceased

2. Did you earn MORE THAN \$1,680 in the calendar year 1969?
- ☐
- YES
- ☒
- NO
-
- If "Yes," complete A through D:

- A. Social security account number: 517-30-1345

- B. Total earnings from employment and self-employment in 1969. (Include GROSS earnings from ALL employment for hire and NET earnings from self-employment) Self-Employed - Hotel 1969.

- C. Name of employer:

- D. Give the information asked for below:

1969	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
Show amount you earned each month as an employee												
	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
1969	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Show "X" for each month worked as a self-employed person	X	X	X	X	X	X	X	X	X	X	X	X

3. Do you expect to earn MORE THAN \$1,680 in the calendar year 1970?
- ☐
- YES
- ☒
- NO
-
- If "Yes," complete A and B:

- A. Total expected earnings for entire year 1970. . . . \$ 1,000.

- B. Are you now working?
- ☒
- YES
- ☐
- NO

4. ANSWER THIS QUESTION ONLY IF YOU ARE A STUDENT, AGE 18-21.

After September 1969, have you:

- A. Stopped attending school full time?
- ☐
- YES
- ☐
- NO
-
- If "Yes," give:

DATE YOU STOPPED SCHOOL OR BECAME PART-TIME STUDENT

- B. Changed schools?
- ☐
- YES
- ☐
- NO
-
- If "Yes," give:

NAME AND ADDRESS OF PRESENT SCHOOL

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

(DATE SIGNED)

(SIGNATURE OF PERSON MAKING THIS REPORT)

ADDRESS

(NUMBER AND STREET)

(CITY)

(STATE)

(ZIP CODE)

BE SURE TO ENTER YOUR RRB CLAIM NUMBER AT THE TOP OF THIS FORM

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD844 RUSH STREET
CHICAGO, ILLINOIS 60611

BUREAU OF RETIREMENT CLAIMS

This form asks questions about events in 1969 and 1970 which could affect your Railroad Retirement Act benefits. Please read this letter carefully and follow the instructions for completing the form.

Answer questions 1 through 3 on the form. (If you are a student age 18-21, ALSO answer question 4.)

- IF YOUR ANSWER TO ANY QUESTION IS "YES," you should complete the form and return it to the Board. Be sure to enter your RRB claim number in the space provided at the top of the form. (Your claim number is shown on the enclosed address card.) After you have completed and SIGNED the form, promptly return the form and the address card to the Board in the enclosed envelope.
- IF ALL OF YOUR ANSWERS ARE "NO," do not return the form.

The address shown on the envelope is used only for receiving these reports. The envelope should not be used for mailing any other communication to the Board.

Very truly yours,

D. M. Smith

D. M. Smith

Director of Retirement Claims

Enclosures

ANNUAL REPORT

ENTER YOUR RRB CLAIM NUMBER

D 0 5 1 5 3 3

1. AFTER 1967, did you:

- A. Work for an employer in the railroad industry?
- ☐
- YES
- ☒
- NO
-
- If "Yes," give:

NAME OF EMPLOYER DATE WORK BEGAN DATE WORK ENDED

- B. Marry?
- ☐
- YES
- ☒
- NO
-
- If "Yes," give:

DATE OF MARRIAGE

- C. Get a new social security account number?
- ☐
- YES
- ☒
- NO
-
- If "Yes," give:

NEW ACCOUNT NUMBER

- D. Begin to receive monthly benefits from the Social Security Administration? . . .
- ☒
- YES
- ☐
- NO
-
- If "Yes," give:

MONTHLY RATE

\$ 5120

DATE BENEFITS BEGAN

JAN 1968

NAME OF PERSON ON WHOSE EARNINGS BENEFIT IS
BASED

THAT PERSON'S ACCOUNT NUMBER

Self

2. Did you earn MORE THAN \$1,680 in the calendar year 1968?
- ☐
- YES
- ☒
- NO
-
- If "Yes," complete A through D:

- A. Social security account number: 517-30-1345

- B. Total earnings from employment and self-employment in 1968. (Include GROSS earnings from ALL employment for hire and NET earnings from self-employment)

1583

+

- C. Name of employer: Self-Klickitat Hotel

DOLLARS

CENTS

- D. Give the information asked for below:

1968	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
Show amount you earned each month as an employee												
	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
1968	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Show "X" for each month worked as a self-employed person	X	X	X	X	X	X	X	X	X	X	X	X

3. Do you expect to earn MORE THAN \$1,680 in the calendar year 1969?
- ☐
- YES
- ☒
- NO
-
- If "Yes," complete A and B:

- A. Total expected earnings for entire year 1969. . . . \$ 1500

- B. Are you now working?
- ☒
- YES
- ☐
- NO

4. ANSWER THIS QUESTION ONLY IF YOU ARE A STUDENT, AGE 18-21.

After September 1968, have you:

- A. Stopped attending school full time?
- ☐
- YES
- ☒
- NO
-
- If "Yes," give:

DATE YOU STOPPED SCHOOL OR BECAME PART-TIME STUDENT

- B. Changed schools?
- ☐
- YES
- ☒
- NO
-
- If "Yes," give:

NAME AND ADDRESS OF PRESENT SCHOOL

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

(DATE SIGNED)

(SIGNATURE OF PERSON MAKING THIS REPORT)

ADDRESS

(NUMBER AND STREET)

(CITY)

(STATE)

(ZIP CODE)

BE SURE TO ENTER YOUR RRB CLAIM NUMBER AT THE TOP OF THIS FORM

G-19a (Green)
(1-69)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

844 RUSH STREET
CHICAGO, ILLINOIS 60611

BUREAU OF RETIREMENT CLAIMS

This form asks questions about events in 1968 and 1969 which could affect your Railroad Retirement Act benefits. Please complete the form on the back of this letter. Remember to:

- ENTER YOUR RRB CLAIM NUMBER in the space provided at the top of the form. (Your claim number is shown on the enclosed address card.)
- ANSWER questions 1 through 3. (If you are a student age 18-21, ALSO answer question 4.)
- SIGN the form.
- PROMPTLY MAIL the form and the address card to the Board in the enclosed envelope.

Even if you are not now receiving annuity payments, you should complete and return the form. If you are presently receiving payments, such payments may be suspended unless you return the completed form within 30 days.

Very truly yours,

D. M. Smith

D. M. Smith
Director of Retirement Claims

Enclosures



11-001
FORM G-19a (Green)

U. S. RAILROAD RETIREMENT BOARD
844 RUSH STREET, CHICAGO, ILLINOIS 60611

NOTICE OF INSURANCE ANNUITY ADJUSTMENT

When Writing to the Board, Always Give:
THE DECEASED EMPLOYEE'S NAME
and

DATE

THIS CLAIM NO. → D-51533

APR 17 1968

The monthly annuity payments in this case have been **adjusted** for the reason(s) checked below. The unchecked explanations do not apply.

- ☐ A child attained age 18.
- ☐ A child age 18-21 is a full-time student. Annuity payments will be made directly to the child.
- ☐ You are now eligible for social security benefits.
- ☐ You expect your total earnings for the taxable year to exceed \$1,680.
- ☒ Information from the Social Security Administration caused a recomputation of your annuity which resulted in an increase.

Benefits will now be paid as follows:

<u>Name</u>	<u>Effective Date</u>	<u>Monthly Rate</u>
-------------	-----------------------	---------------------

Miyuki Neishi	February 1, 1968	\$54.45
---------------	------------------	---------

The enclosed check covers the amount due through **March 31, 1968, less the benefits that have been paid for that period.**

The monthly rate of your benefits, effective February 1, 1968, has been figured under the higher amounts provided by the recent amendments to the Railroad Retirement and Social Security Acts.

Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have about your claim.

dmh/12/68

Dm Smith

Enclosure
CheckD. M. Smith
Director of Retirement Claims

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

5/4/13

DATE APR 13 1968	THE DECEASED EMPLOYEE'S NAME When Writing to the Board, Always Give: and	U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60680 NOTICE OF INSURANCE ANNUITY ADJUSTMENT THIS CLAIM NO. 1-57533
---------------------	--	---

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of this annuity.

ANNUITY CHECKS are mailed to you by the Treasury Department. If you receive an annuity check (other than a combined check for multiple beneficiaries) for any month for which the annuity should not be paid, return the check to the

Treasury Department
P.O. Box 8670
Chicago, Illinois 60680

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board, you may use the form printed on the back of your check envelope.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this notice.

ALWAYS GIVE YOUR CLAIM NUMBER AND THE DECEASED EMPLOYEE'S NAME WHEN WRITING TO US

AB-2 (7-63)

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

RRB FORM T-364 (1-68) MANUAL COMPUTATION WORKSHEET FOR SURVIVOR ANNUITY		1. 1966 BASIC AMOUNT - \$ <u>52.42</u> <u>158</u> (<input checked="" type="checkbox"/> AMR <input type="checkbox"/> AMC <input type="checkbox"/> AME) (INC. YRS.)		CLAIM NO. _____ EMPLOYEE SSA NO. _____											
2. SPOUSE MINIMUM - 1966 RATE \$ _____ _____ X 50% = _____ (EMP. AMC) (TABLE INC.) (INCREASE)				3. JOINT AND SURVIVOR - 1966 RATE \$ _____ _____ X _____ X _____ = _____ (EMP. AMC) (TABLE INC.) (% FACTOR) (OPTION) (INCREASE)											
4. <input checked="" type="checkbox"/> AMW <u>160</u> <input type="checkbox"/> AMC <input type="checkbox"/> AME				→ <u>12.87</u> TABLE INCREASE		SYMBOL <u>W</u>		BIRTH DATE <u>12-28-02</u>							
5. BASE RATE - (Widow - BA, Spouse Minimum or J&S Rate) (Child or Parent - 2/3 X BA) Adjust for Maximum or Minimum						<u>52.42</u>									
6. INCREASE - Item 4 X 82.5% for widow/parent or 75% for Child. Spouse Minimum - Item 2. J&S - Item 3. (If not entitled to SS benefit, add increase (if it exceeds \$5) to item 5. Enter total in rate column. Skip items 7, 8, and 9.)						<u>10.62</u>									
7. REDUCTION FOR SS ACT BENEFIT - Spouse Minimum and J&S - 11.5% of SS benefit. All others - 17.3% of SS benefit. (Reduce increase by reduction. If reduced increase is \$5 or more, add it to item 5. Enter total in rate column. Skip items 8 and 9.)				SS BENEFIT <u>105.20</u> REDUCTION <u>18.20</u> <u>-0-</u>											
8. MINIMUM INCREASE - (If not entitled to SS benefit or annuity is a spouse minimum or J&S, add \$5 to item 5. Enter total in rate column. Skip item 9.)				\$5.00		\$5.00		\$5.00		\$5.00					
9. REDUCTION OF MINIMUM FOR SS BENEFIT - 5.8% of item 5 or 5.8% of SS benefit whichever is less. (Reduce minimum by reduction. Compare with reduced increase in item 7. Add whichever is higher to item 5. Enter the total in the rate column for the higher increase.)				<u>3.04</u> <u>1.96</u>											
10. REDUCTION FOR M/S - Ratio _____ %															
11. ACTUARIAL REDUCTION															
12. WAIVER															
13. FINAL ADJUSTED RATE (Rounded)				<u>54.45</u>											
14. REMARKS															

RAILROAD RETIREMENT BOARD
DISPOSITION REPORT OF FORM RR-4

3-25-8 PRA

1 <input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> SURVIVOR <input type="checkbox"/> DISABLED CHILD		2 RRB CLAIM NO. 515 33	3 DATE RELEASED 2-13-68
4 SOCIAL SECURITY ACCOUNT NO. 517-30-1345		5 DATE OF BIRTH 12-28-02	
6 POTENTIAL AUXILIARY BENEFICIARIES <input type="checkbox"/> WIFE <input type="checkbox"/> CHILD: <input type="checkbox"/> UNDER AGE 18 <input type="checkbox"/> DISABLED <input type="checkbox"/> STUDENT		7 NAME ON SSA CARD Miyuki Neisha	
8 <input type="checkbox"/> RR-90 ATTACHED <input checked="" type="checkbox"/> NOT REQUIRED		9 D/O STATUS REPORT DUE DATE 3-30	
10 REMARKS W/E widow Sentaro Neisha		NAME AND ADDRESS Miyuki N. Neisha 120 NE Holladay Portland Oregon 97232	

11 DISPOSITION BY DP & A	<input checked="" type="checkbox"/> P.C.	SAN FRANCISCO, CALIF	9401
INFORMATIONAL		(CITY)	(STATE) (ZIP CODE)
RR-4 SENT TO:	<input type="checkbox"/> D/O	(STREET ADDRESS)	
P/C 3-23-68		(CITY)	(STATE) (ZIP CODE)
INFORMATIONAL OA-C794 ATTACHED	<input checked="" type="checkbox"/>	BY W Martin	DATE 3-23-68

Return This Form To:
Railroad Retirement Board

DATE OF BIRTH: 12 28 02
 FILING: U 03 PR 68
 NO - DAY - YR: NO - DAY - YR

0302 00397 53685

PIAC \$105.20 FMAX \$172.80 SR FO
 PIAP \$ 93.10 NEISHI N PC 5

PIC A MPA \$101.20 NOB 01 DOC 932 SCC 38250 CURR PAY

MIYUKI NEISHI 120 NE HOLLADAY CAD 01/68
 PORTLAND OR 97232 F/LLOA 2-3

BENEFIT BIC A MIYUKI NEISHI DOB 12/28/02 DOEC 12/67 1120
 LAF C MBP \$101.20 D 01/68
 DOF 10/67
 X-R AN O 712-07-9866 BIC PC

MED INS EP I HIFL 10/67 ENT 12/67 SMFL 10/67 ENT 12/67
 OP-Y BY-I BC-000 BD- / AC-\$4.00 DA-\$.00

HISTORY 12/67 \$ 93.10 01 02/68 \$105.20 01

38	1180.83				
39	1180.83				
40	1180.83			2783.00	H
41	1180.83			3148.75	H
42	1180.83			3065.00	H

43	1180.83			54	875.00		CCNN	0	
44	1180.83			55	633.50		AAAA	0	4
45	1180.83			56	1677.06		AAAA	0	4
46				57	2189.87	H	AAAA	0	4
47				58	2413.80	H	AAAA	0	4

4

AUXILIARY OR SURVIVOR BENEFIT DATA										
ACCOUNT NUMBER	DATE OF BIRTH			MO ELECT		RELATIONSHIP				XR ACCOUNT NUMBER
	MO	DAY	YR	MO	YR	MO	DAY	YR	TYPE	
SYMBOLS	ORIGINAL BENEFIT				ADJUSTED BENEFIT				COMBINED BENEFIT	
	RETRO		CURR		RETRO		CURR		SYM	RETRO

ACCOUNT IDENTIFICATION										PERTINENT DATES										
ACCOUNT NUMBER			SOURCE	NAME	DATE OF BIRTH				SEX	FILING			DEATH			ONSET			MO ELECT	
MO	DAY	YR			EST	MO	DAY	YR		MO	DAY	YR	MO	DAY	YR	MO	YR			
517	30	1345	REQ FORM	NEISHI	12	28	02		U	03	PR	68								
MULTIPLE AN'S			BDPA REC-ORDS	NIYUKE					F	MILITARY SERVICE DATES										
									F	FROM					T	TO				
LAG INFORMATION										WORK DED AND SUSPENSION INFORMATION										
TYPE	PERIOD	AMOUNT USED		TYPE	PERIOD	AMOUNT USED		YR	AMOUNT	SERVICE MONTHS										

SELECTED EDP BENEFIT COMPUTATION AND TRIAL COMPUTATIONS										
TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	MS MOS INCL	PIA	
									RETRO	CURR
NS 65	1951	1966	20354.00		51-63	96			93.10	105.20
OS 67	94.40							RED MOS	REDUCED	BENEFITS
								9-0	88.50	100.60

EARNINGS RECORD DATA																					
QUARTER OF COVERAGE TESTS									QC AND EARNINGS TOTALS												
REQ QC	FULLY INS	FIRST ELIG	MISC	CURR INS	NOT INS		20/40 TEST	TOT SE QC	TOT AG QC	WAGE QC		TOTAL EARNINGS AFTER 1936	TOTAL EARNINGS AFTER 1950								
					TOT QC	MAX QC				AFTER 46	AFTER 50										
13	40							8	29	38	22	40936.74	30309.24								
YR	EARNINGS			U	QC/SM	YR	EARNINGS			U	QC/SM	SE	AG	YR	EARNINGS			U	QC/SM	SE	AG
37	1180.84					48								59	2518.90			H	AAAA	0	
38	1180.84					49								60	2134.68			X	AAAA	0	
39	1180.84					50								61	2100.00			X	AAAA	0	
40	1180.83					51	2783.00			H		0		62	1525.00				ACCC	0	
41	1180.83					52	3148.75			H		0		63	1800.00				CCCC	0	
42	1180.83					53	3065.00			H	CCCC	0		64	1995.78				CSSS	4	
43	1180.83					54	875.00				CCNN	0		65					NNNN	0	
44	1180.83					55	633.50				AAAA	0	4	66	1448.90				SSSS	4	
45	1180.83					56	1677.06				AAAA	0	4	67					NNNN	0	
46						57	2189.87			H	AAAA	0	4	68					NNNN	0	
47						58	2413.80			H	AAAA	0	4	69							

[illegible]

[illegible]

RAILROAD RETIREMENT BOARD
DISPOSITION REPORT OF FORM RR-4

SB 3-27

1 <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> SURVIVOR <input type="checkbox"/> DISABLED CHILD		2 RRB CLAIM NO. <u>D51533</u>	3 DATE RELEASED <u>02-29-68</u>
4 SOCIAL SECURITY ACCOUNT NO. <u>517-30-1345</u>		5 DATE OF BIRTH <u>12-28-02</u> <input type="checkbox"/> DIB	
6 POTENTIAL AUXILIARY BENEFICIARIES <input type="checkbox"/> WIFE <input type="checkbox"/> CHILD: <input type="checkbox"/> UNDER AGE 18 <input type="checkbox"/> DISABLED <input type="checkbox"/> STUDENT		7 NAME ON SSA CARD <u>Same</u> TELEPHONE NO. <u>234-2917</u>	
8 <input type="checkbox"/> RR-90 ATTACHED <input checked="" type="checkbox"/> NOT REQUIRED			
9 D/O STATUS REPORT DUE DATE <u>04-13-68</u>		10 REMARKS <u>WIFE WIDOW: JENTARO NEISHI</u>	

11 DISPOSITION BY DP & A			
<u>Informational</u>	<input checked="" type="checkbox"/> P.C.	<u>San Francisco, Calif. 94101</u>	<u>4-1-68</u>
		(CITY)	(STATE) (ZIP CODE)
RR-4 SENT TO: <u>PC 4-1-68</u> <input type="checkbox"/> D/O			
(STREET ADDRESS)			
(CITY) (STATE) (ZIP CODE)			
INFORMATIONAL OA-C794 ATTACHED <input checked="" type="checkbox"/> BY <u>C. Samakowski</u> DATE <u>4-1-68</u>			

Return This Form To:
Railroad Retirement Board

ACCOUNT NUMBER		517 30 1345		MULTIPLE AN'S	
TYPE		RM			
ACTION		ACTION			
BLOCK NUMBER		BLOCK NUMBER			
NAME		NAME			
DATE		DATE			
TIME		TIME			
PLACE		PLACE			
CITY		CITY			
STATE		STATE			
ZIP		ZIP			
COUNTRY		COUNTRY			
CITY		CITY			
STATE		STATE			
ZIP		ZIP			
COUNTRY		COUNTRY			

517-30-1345 06 940 0312 00888 53965 X

UNT NOP 01 PIAC \$105.20 FMAX \$172.80 SR FO N PC 5
 LMU 03 PIAP \$ 93.10 NEISHI

MENT PIC A MPA \$101.20 NOB 01 DOC 932 SCC 38250 CURR PAY

MIYUKI NEISHI 120 NE HOLLADAY CAD 01/68
 PORTLAND OR 97232 F/LLOA 2-3

EFIT BIC A MIYUKI NEISHI DOB 12/28/02 DDEC 12/67 1120
 LAF C MBP \$101.20 D 01/68
 DOF 10/67
 X-R AN D 712-07-9866 BIC PC

INS EP I HIFL 10/67 ENT 12/67 SMFL 10/67 ENT 12/67
 OP-Y BY-I BC-000 BD- / AC-\$4.00 DA-\$.00

STORY 12/67 \$ 93.10 01 02/68 \$105.20 01

44	1180.8
45	1180.8
46	1180.8
47	
4	
ACCOUNT NUMBER	
SYMBOLS	

ACCOUNT NUMBER		517 30 1345		MULTIPLE AN'S	
TYPE		RM			
ACTION		ACTION			
BLOCK NUMBER		BLOCK NUMBER			
NAME		NAME			
DATE		DATE			
TIME		TIME			
PLACE		PLACE			
CITY		CITY			
STATE		STATE			
ZIP		ZIP			
COUNTRY		COUNTRY			
CITY		CITY			
STATE		STATE			
ZIP		ZIP			
COUNTRY		COUNTRY			

ACCOUNT IDENTIFICATION										PERTINENT DATES										
ACCOUNT NUMBER			SOURCE	NAME	DATE OF BIRTH				SEX	FILING			DEATH			ONSET			MO ELECT	
					MO	DAY	YR.	EST		MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	YR
517 30 1345			REQ FORM	MIYUKI NEISHI	12	28	02		U	03	PR	68								
MULTIPLE AN'S			BDPA REC-ORDS	NIYUKE					F	MILITARY SERVICE DATES										
									F	FROM					T	TO				
LAG INFORMATION										WORK DED AND SUSPENSION INFORMATION										
TYPE	PERIOD	AMOUNT USED			TYPE	PERIOD	AMOUNT USED			YR	AMOUNT	SERVICE MONTHS								

SELECTED EDP BENEFIT COMPUTATION AND TRIAL-COMPUTATIONS										
TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	MS MOS INCL	PIA	
									RETRO	CURR
NS 65	1951	1966	20354.00		51-63	96			93.10	105.20
OS 67	94.40							RED MOS	REDUCED	BENEFITS
								9-0	88.50	100.60

QUARTER OF COVERAGE TESTS															QC AND EARNINGS TOTALS									
REQ QC	FULLY INS	FIRST ELIG	MISC	CURR INS	NOT INS		20/40 TEST	TOT SE QC	TOT AG QC	WAGE QC		TOTAL EARNINGS AFTER 1936		TOTAL EARNINGS AFTER 1950										
					TOT QC	MAX QC				AFTER 46	AFTER 50													
13	40							8	29	38	22	40936.74		30309.24										
YR	EARNINGS		U	QC/SM	YR	EARNINGS		U	QC/SM	SE	AG	YR	EARNINGS		U	QC/SM	SE	AG						
37	1180.84				48							59	2518.90		H	AAAA	0	4						
38	1180.84				49							60	2134.68		X	AAAA	0	4						
39	1180.84				50							61	2100.00		X	AAAA	0	4						
40	1180.83				51	2783.00		H		0		62	1525.00			ACCC	0	1						
41	1180.83				52	3148.75		H		0		63	1800.00			CCCC	0	0						
42	1180.83				53	3065.00		H	CCCC	0		64	1995.78			CSSS	4	0						
43	1180.83				54	875.00			CCNN	0		65				NNNN	0	0						
44	1180.83				55	633.50			AAAA	0	4	66	1448.90			SSSS	4	0						
45	1180.83				56	1677.06			AAAA	0	4	67				NNNN	0	0						
46					57	2189.87		H	AAAA	0	4	68				NNNN	0	0						
47					58	2413.80		H	AAAA	0	4	69												

[illegible]

[illegible]

RRB FORM NO. G-26a (1-60)

RETIREMENT CLAIMS ROUTING SLIP

TO <i>MAH.</i>	RETURN TO <i>SA-1</i>	FROM <i>SA-1</i>	DATE <i>MAR 12 1968</i>	PURPOSE OF TRANSMITTAL: <i>[Handwritten scribbles]</i>	DO NOT REMOVE THIS SLIP OR FORWARD THIS CASE FILE TO ANOTHER OFFICE. RETURN THE FILE TO WHERE THIS SHOWS IT ORIGINATED. If you want it forwarded elsewhere, show where in the place below and it will be forwarded accordingly.	REMARKS OR REROUTING REQUEST: <i>RR 4/05 [Signature]</i>
-------------------	--------------------------	---------------------	----------------------------	---	---	---

FORM RL-43 (10-66) U. S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611	When Writing to the Board, Always Give: THE DECEASED EMPLOYEE'S NAME and THIS CLAIM NO. → D-51533	DATE MAR 21 1968
NOTICE OF INSURANCE ANNUITY AWARD		

An insurance annuity has been awarded under the Railroad Retirement Act to each person listed below.

<u>Name</u>	<u>Monthly Rate</u>	<u>Beginning</u>	<u>Through</u>
Miyuki Neishi	\$15.90	November 1, 1966	November 30, 1966
	72.90	December 1, 1966	December 31, 1966
	53.60	April 1, 1967	April 30, 1967
	72.90	May 1, 1967	November 30, 1967
	49.05	December 1, 1967	January 31, 1968
	52.45	February 1, 1968	

The enclosed check covers the amount due through **February 29, 1968.**

Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Your annuity was not payable for the following periods due to your excess earnings; part of November 1966, January, February, March, and part of April 1967.

There is no need to report your earnings again unless they exceed \$1,680.00.

Should you have any questions about your annuity, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have regarding your claim.

See page 2

Enclosure
Check

3/18/68 dj

Dm Smith

D. M. Smith

Director of Retirement Claims

(2)

The monthly rate of your benefits, effective February 1, 1968, has been figured under the higher amounts provided by the recent amendments to the Railroad Retirement and Social Security Acts.

3/18/68 dj

IMPORTANT

This annuity is based on the employee's *railroad earnings and social security earnings*, if any. Therefore, no benefits are payable under the Social Security Act.

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of this annuity.

ANNUITY CHECKS are mailed to you by the Treasury Department. If you receive an annuity check (other than a combined check for multiple beneficiaries) for any month for which the annuity should not be paid, return the check to the

Treasury Department
P. O. Box 8670
Chicago, Illinois 60680

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board, you may use the form printed on the back of your check envelope.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this notice.

ALWAYS GIVE YOUR CLAIM NUMBER AND THE DECEASED EMPLOYEE'S NAME WHEN WRITING TO US

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARDDETERMINATION OF
AWARD

INSURANCE ANNUITY

1. ADMINISTRATIVE VOUCHER NO.

3. CLAIM NO.

2.

☐ FINAL
CERT.☐ RECERTIFICATION☐ SUB. TO
RECERT.☐ REINSTATEMENT☒ FORM
PARTIALLY
COMPLETED☐ REINST-RECERTI-
FICATION

4. DECEASED EMPLOYEE

JENTARO NEISHI

5. EMPLOYEE'S
S.S.A. NO.

712079866

6. DATE OF BIRTH

1-10-82

7. DATE OF DEATH

12-6-41

8. EMPLOYEE'S MARITAL STATUS AT DEATH

MALE ☐ MAR.☐ S.W.D.

FEMALE

☐ MAR.☐ S.W.D.9. RRA ☐ COMP. INS. ☒ PART. INS.

SSA

11. MILITARY SERVICE USED

AMR	INCREMENT YEARS	BASIC AMT. \$	PIA \$
AMC \$ 158	5	52.42	80.30
MO. EARN.			

USED-NO REDUCTION	USED REDUCTION	NOT USED
MS BEFORE 1937 OR AFTER 6-63 <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
MS AFTER 1936 AND BEFORE 7-63 <input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

10. MILITARY SERVICE REDUCTION

A. MONTHS OF MS: TOTAL MONTHS OF SERVICE:

B. INCREASE RESULTING FROM MS

\$

C. AMOUNT OF OTHER BENEFITS

\$

D. MS RATIO.

DEDUCTION

\$

12. ☒ SPOUSE MINIMUM \$13. RR ACT FORMULA MAX. ☐ \$207.15 ☐ \$O/M ☒ NO I.P.I. ☐ I.P.I. ☐ MAX. \$14. ☒ PORTION OF ANNUITY WAIVED

SY M	NAME	DATE OF BIRTH	CLAIM FILED	RR ACT FORMULA			SS ACT FORMULA			O/M RATE	ACT. ADJ.	ACCT NO.	SSA ACCOUNT NO. OR CLAIM NO.	C L M N O.
				RATE	6.55% REDUC- TION	ADJUST. RATE	ORIG. BEN.	<input type="radio"/> OTHER <input checked="" type="radio"/> RA <input type="radio"/> SS	ADJUST. BEN.					
W				\$ 52.42	\$ 3.37	\$ 49.05	\$	<input type="radio"/>	\$	\$	\$		✓ 517-30-1345	

REMARKS

5/17/67

52.42
49.05
3.37

* O/M PAYABLE FOR NOV, 1966 - NOV, 1967

FORM NO. 6-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

COMPUTER

CLAIM NO.

RD 51533

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	12.90	11-1-66	1-31-67								
	12.90	4-1-67	11-30-67								
	49.05	12-1-67	1-31-68								
for information only											

REMARKS:

4 mo @ 12.90 = 2083.20
1976.00 T/E
2) 107.20 (33.60)

RAILROAD RETIREMENT BOARD
REQUEST FOR SSA BENEFIT AND E/R INFORMATION

1 <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> SURVIVOR <input type="checkbox"/> DISABLED CHILD		2 RRB CLAIM NO. <u>051533</u>	3 DATE RELEASED <u>02-27-68</u>
\$ _____ SSA RATE \$ _____ RRB RATE		4 SOCIAL SECURITY ACCOUNT NO. <u>517-30-1345</u>	
NAME AND ADDRESS <u>MIYUKI K NEISHI</u> <u>120 NE Holladay St.</u> <u>PORTLAND, OREG 97232</u>		5 DATE OF BIRTH <u>12-28-02</u> <input type="checkbox"/> DIB	
		6 POTENTIAL AUXILIARY BENEFICIARIES <input type="checkbox"/> WIFE CHILD: <input type="checkbox"/> UNDER AGE 18 <input type="checkbox"/> DISABLED <input type="checkbox"/> STUDENT	
		7 NAME ON SSA CARD <u>Same</u> TELEPHONE NO. <u>234-2917</u>	
		8 <input type="checkbox"/> RR-90 ATTACHED <input checked="" type="checkbox"/> NOT REQUIRED	
9 D/O STATUS REPORT DUE DATE <u>04-13-68</u>		10 REMARKS <u>WIFE WIDOW: JENTARO NEISHI</u>	

11

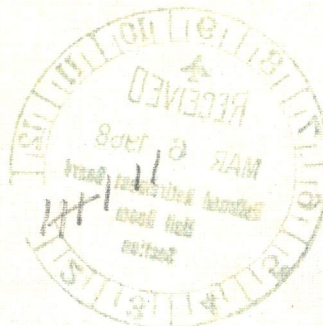
DATE RELEASED TO SSA

02-29-68

UNIT

PORTLAND, OREGON

EXAMINER'S SIGNATURE

E/B Ogilvie West Eng.RRB
Claim File Copy

Net profit from operation of Klickitat Hotel 1967

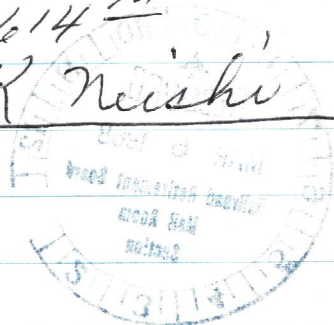
January	72.00 ✓
February	178.00
March	166.00
April	64.00 ✓
May	346.00
June	211.00
July	351.00
Aug	116.00 ✓
Sept	123.00 ✓
Oct	163.00
Nov	121.00 ✓
Dec	66.00 ✓
#	1977.00

Net profit from operation Klickitat Hotel - Nov - Dec 1966

Nov, 1966	118 ⁰⁰
Dec 1966	87 ⁰⁰

Total net ~~income~~ earnings 1966 were \$1614²⁴

Miyuki R. Neishi



Net benefit from operation of the Hotel 1967

RECEIVED
MAR 7 1968
SURVIVOR

General 23.00
Deposited 138.00
Interest 161.00
Spent 141.00
Total 394.00
Cash 311.00
Total 321.00
116.00
123.00
103.00
161.00
16.00
199.00

Net benefit from operation of the Hotel 1968

RECEIVED
MAR 6 1968
Railroad Retirement Board
Mail Room
Section

RECEIVED
MAR 11 1968
SURVIVOR

8-503-226-3471

SD-566000

RECORD & PHONE
CALL

NAME OF NATURALIZATION

Neishi, Jentaro
12-6-41

D51533-SA-1
712-01-9866

Name & Location of District or Calling Office

Portland D.O.

Name of Person Contacted

Mr. Miller

Information
of Action

REQUISITION BY:

by

IDENTIFICATION NO.

Office Use

AA-172, G4762

Please secure: statement of earnings for 1966 with
a monthly breakdown for November & Dec; statement
of earnings for 1967 with monthly breakdown;
estimate of 1968 earnings. POT, POA & POM
in file.

Please expedite - delayed claim due to SSA. Appli.

MIYUKI K. NEISHA

120 N.E. HOLLADAY

PORTLAND, OREGON 97232

PHONE: 234-2917

Simultaneous reply to this request?

Examiner's Name

P. Smith

FEB 13 1968

PREFIX CLAIM NO. WD 051533

W/E SSA NO. 712-07-9866

BENEFICIARY SEX FEMALE

SSA

399

RRB FORM NO. 6-25 (2-5-2)

FEB 13 1968

ROUTE SLIP

TO

B-90

OR TRANSFER-

NR 2-23

DATE

- ☐ PER YOUR REQUEST
☐ PER OUR CONVERSATION
☐ FOR YOUR INFORMATION
☐ FOR YOUR APPROVAL
☐ FOR YOUR SIGNATURE
☐ NOTE AND FILE
- ☐ PREPARE REPLY FOR MY SIGNATURE
☐ TAKE APPROPRIATE ACTION
☐ REE ME ABOUT THIS
☐ NOTE AND RETURN TO ME
☐ COMMENT AND RETURN

COMMENTS

Please prepare

G-90

Delayed claim

FROM (FOLD HERE FOR RETURN)

SA-1

ROOM NO.

DISABILITY FREEZE
ESTABLISHED BY SSA

☐ YES ☐ NO

18

☒ C/C ☐ C/C BROKEN ☒ C/C UNKNOWN

19 COMPUTER PROCESSING CODES

CODE

20 TYPE OF PAYMENT

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION

(21)

- 80

105

RATE ATTACHMENT

FOR MONTHS AFTER 1964

BASIC AMT. *	PIA \$ 80.30	MAX. SSA FORMULA \$128.00					MAX. O/M (UNROUNDED) \$ 140.80				
		FAMILY COMPOSITION	W or M	C-1	C-2	C-3	C-4	C-5	TOTAL 1 MO.	TOTAL 2 MOS.	TOTAL 3 MOS.
72.87	W (Age 60 or over)	72.90							72.90	145.80	218.70
95.00	1-C								66.30	132.60	198.90
79.42	M and 1-C	79.50	66.30						132.50	265.00	397.50
95.00	2-C's		66.30						132.60	265.20	397.80
60.31	M and 2-C's	60.40	40.30	66.30					141.00	282.00	423.00
70.36	3-C's		47.00	40.30					141.00	282.00	423.00
52.76	M and 3-C's	47.00	31.30	47.00	47.00				140.90	281.80	422.70
52.66	4-C's		35.20	31.30	31.30				140.80	281.60	422.40
52.68	M and 4-C's		25.60	25.60	25.60	35.20			140.80	281.60	422.40
52.70	5-C's	38.40	28.20	28.20	28.20	28.20	28.20		141.00	282.00	423.00

* IF THE BASIC AMOUNT COMPUTED FOR THIS CASE IS EQUAL TO OR GREATER THAN THE BASIC AMOUNT SHOWN IN THIS COLUMN FOR THE APPLICABLE FAMILY GROUP, THE O/M WILL NOT APPLY. IF A "0" IS SHOWN IN THIS COLUMN FOR THE APPLICABLE FAMILY GROUP IS GREATER THAN \$194.00, THE MAXIMUM O/M WILL BE \$194.00.

* IF THE BASIC AMOUNT COMPUTED FOR THIS CASE IS EQUAL TO OR GREATER THAN THE BASIC AMOUNT SHOWN IN THIS COLUMN FOR THE APPLICABLE FAMILY GROUP, THE O/M WILL NOT APPLY. IF A "X" IS SHOWN, THE O/M RATE FOR THE APPLICABLE FAMILY GROUP IS GREATER THAN \$194.00, THE MAXIMUM (ROUNDED) UNDER THE RRA FORMULA.

NR 2-2068 12-2257
NR 2-2181

WAGE REQUEST FORWARDED TO SSA

NOTIFICATION OR TRANSFER-
SURVIVOR CLAIM

DATE NR 2-23

DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL) NEISHI, J.

3 RRB CLAIM NO. D-51533

8 SSA NO. 712-07-9866

4 DATE OF DEATH 12-6-41 5 DATE OF BIRTH 1-10-78 6 FEMALE ☐ 7 PRIOR S.M. 101

9 OASI LAG EMPLOYERS AND ADDRESSES FROM TO

10 MILITARY SERVICE
BRANCH
FROM TO
FROM TO

11 ☐ APPL. F/D OR ☐ DLW 12 DEC'D \$ (AMT. OF PEN.) \$ (AV. MO. EARN.)
☐ WAS A PENSIONER

13 EFFECTIVE DATE(S) OF ANNUITY DEC'D REC'D ANN. BE-FORE 1948 BASED ON AT LEAST 10 YRS. SERVICE \$ (AV. MO. COMP.)

14 DISABILITY FREEZE ESTABLISHED FROM TO
DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES
☐ (1)
☐ (2)
☐ (3)
☐ (4)

16 YEAR BEFORE DEATH LAG YR SM COMP. 17 YEAR OF DEATH LAG YR SM COMP.

18 ☒ C/C ☐ C/C BROKEN ☒ C/C UNKNOWN

19 COMPUTER PROCESSING CODES: 20 TYPE OF PAYMENT: 21 JURISDICTIONAL DATA
A ☐ RRB DOES NOT HAVE JURISDICTION

CODE TYPE

**RATE ATTACHMENT
FOR MONTHS AFTER 1964**

BASIC AMT. *	PIA \$ 80.30	MAX. SSA FORMULA \$128.00				MAX. O/M (UNROUNDED) \$ 140.80				
	FAMILY COMPOSITION	W or M	C-1	C-2	C-3	C-4	C-5	TOTAL 1 MO.	TOTAL 2 MOS.	TOTAL 3 MOS.
72.87	W (Age 60 or over)	72.90						72.90	145.80	218.70
95.00	1-C		66.30					66.30	132.60	198.90
79.41	M and 1-C	79.50	53.00					132.50	265.00	397.50
95.00	2-C's		66.30	66.30				132.60	265.20	397.80
60.31	M and 2-C's	60.40	40.30	40.30				141.00	282.00	423.00
70.36	3-C's		47.00	47.00	47.00			141.00	282.00	423.00
52.76	M and 3-C's	47.00	31.30	31.30	31.30			140.90	281.80	422.70
52.66	4-C's		35.20	35.20	35.20	35.20		140.80	281.60	422.40
52.68	M and 4-C's	38.40	25.60	25.60	25.60	25.60		140.80	281.60	422.40
52.70	5-C's		28.20	28.20	28.20	28.20	28.20	141.00	282.00	423.00

* IF THE BASIC AMOUNT COMPUTED FOR THIS CASE IS EQUAL TO OR GREATER THAN
THIS COLUMN FOR THE ABOVE CATEGORY, THE BASIC AMOUNT WILL BE USED.

* IF THE BASIC AMOUNT COMPUTED FOR THIS CASE IS EQUAL TO OR GREATER THAN THE BASIC AMOUNT SHOWN IN THIS COLUMN FOR THE APPLICABLE FAMILY GROUP, THE O/M WILL NOT APPLY. IF A "##" IS SHOWN, THE O/M RATE FOR THE APPLICABLE FAMILY GROUP IS GREATER THAN \$194.00, THE MAXIMUM (ROUNDED) UNDER THE RRA FORMULA.

ROUTE SLIP

FEB 13 1968

TO

- ☐ PER YOUR REQUEST
☐ PER OUR CONVERSATION
☐ FOR YOUR INFORMATION
☐ FOR YOUR APPROVAL
☐ FOR YOUR SIGNATURE
☐ NOTE AND FILE
- ☐ PREPARE REPLY FOR MY SIGNATURE
☐ TAKE APPROPRIATE ACTION
☐ SEE ME ABOUT THIS
☐ NOTE AND RETURN TO ME
☐ COMMENT AND RETURN

COMMENTS

Please prepare

Q-90

Delayed claim

FROM (FOLD HERE FOR RETURN)

SA-1 PL

ROOM NO.

DISABILITY FREEZE
ESTABLISHED BY SSA☐ YES☐ NO

18

☒ C/C☐ C/C BROKEN☒ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE TYPE

- (21) ☐ "A" CASE
(22) ☐ "A" CASE WITH AMC
(23) ☒ INITIAL "D"
(1) ☐ AME (PENSIONER)
☐ PA (PENSIONER)
☐ GROSS RESIDUAL ONLY
☐ RRB TRANSFER

20 TYPE OF
PAYMENT:

- A ☐ LUMP SUM
B ☒ MONTHLY ANNUITY
O/M COMP. REQ'D.
C ☐ UNKNOWN
O/M COMP. REQ'D.

21 JURISDICTIONAL DATA

- A ☐ RRB DOES NOT HAVE JURISDICTION
B ☐ RESIDUAL PAID ELECTION MADE
C ☐ RESIDUAL PAID-NO
ELECTION SA OR LSDP TO _____
D ☐ CLAIMS MATERIAL ATTACHED
E ☐ BENEFITS DEDUCTIBLE
FROM GROSS RESIDUAL \$ _____

SIGNED _____

DATE _____

OR TRANSFER-

DATE

T INITIAL-MIDDLE INITIAL)

3 RRB CLAIM NO.

8 SSA NO.

10 MILITARY SERVICE

BRANCH _____

FROM _____ TO _____

FROM _____ TO _____

VERIFIED
BY☐ SSA☐ RRB☐ PROOF ATTACHED

(AMT. OF PEN.) \$ (AV. MO. EARN.)

ANN. BE-
SED ON AT \$ (AV. MO. COMP.)
SERVICE15 LAG
CODES

- ☐ (1)
☐ (2)
☐ (3)
☐ (4)

16 YEAR BEFORE DEATH
LAG

YR SM

COMP.

17 YEAR OF DEATH LAG

YR SM

COMP.

EXAMINER

P. Smith

UNIT

DEV.

DATE

2-13-68

SERVICE AND EARNINGS - SURVIVOR'S CLAIM INITIAL REQUEST <input checked="" type="checkbox"/> AMENDED REQUEST: FULL CERTIFICATION <input type="checkbox"/> ITEMS ONLY <input type="checkbox"/>		CLAIM NUMBER D51533
DIVISION OF SURVIVORS CLAIMS <input type="checkbox"/> DIVISION OF REEXAMINATION <input type="checkbox"/> POST ADJUDICATION SECTION		SOCIAL SECURITY ACCOUNT NUMBER 712-07-9866
MILITARY SERVICE FROM _____ TO _____ VERIFIED BY RRB <input type="checkbox"/> SSA <input type="checkbox"/>		DATE PREPARED JAN. 20, 1947
NAME OF EMPLOYEE NEISHI		DATE OF BIRTH 1-10-1878
NAME OF LAST EMPLOYER(S) UNION PACIFIC R.R.		DATE LAST WORKED 12-5-1941
FIRST MIDDLE		DATE OF DEATH 12-6-1941
YEAR ATTAINED AGE 22 1900		LAST I.C.C. CODE NO. 40

WAGE AND COMPENSATION RECORD														WAGES AND COMPEN- SATION	QUARTERS OF COVERAGE	INCRE- MENT YEARS
THIS REPORT COVERS SERVICE AND COMPENSATION THROUGH June 30 19 46														7602.62	16	4
TOTAL COMPENSATION AND WAGES, QUARTERS OF COVERAGE AND INCREMENT YEARS THROUGH YEAR 1940																
DATA RELATIVE TO YEAR OF DEATH AND THREE YEARS PRIOR TO YEAR OF DEATH																
EMPLOYEE SERVICE MONTHS														TOTAL S.M.		
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC					
38 THIRD YEAR PRIOR TO YEAR OF DEATH																
39 SECOND YEAR PRIOR TO YEAR OF DEATH																
40 COMPENSATION - FIRST YEAR PRIOR TO YEAR OF DEATH																
41 WAGES - FIRST YEAR PRIOR TO YEAR OF DEATH																
42 COMPENSATION - YEAR OF DEATH																
43 WAGES - YEAR OF DEATH																
44 GRAND TOTALS														9092.81	20	5

INCLUDED IN 1. ABOVE EXCLUDED FROM GRAND TOTALS		IS THE INDIVIDUAL (FULLY) (PARTIALLY) INSURED UNDER THE SOCIAL SECURITY ACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES THIS REPORT INCLUDE AT LEAST ONE WAGE QUARTER OF COVERAGE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		I CERTIFY THAT THE WAGE AND COMPENSATION DATA ENTERED ABOVE ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED IN THIS FORM, AND ARE CORRECT ACCORDING TO THE RETURNS FILED BY THE EMPLOYER AND THE SOCIAL SECURITY ADMINISTRATION. - THE COMPENSATION AND WAGES, QUARTERS OF COVERAGE AND INCREMENT YEARS, DO NOT EXCEED \$3000, 4 AND 1, RESPECTIVELY, IN AN CALENDAR YEAR.
DATE 2-3	DATE 2-3	FOR DIRECTOR, WAGE AND SERVICE RECORDS

NOTICE OF DEATH AND STATEMENT OF COMPENSATION

NOTICE OF DEATH IS HEREBY GIVEN, PURSUANT TO REGULATIONS GOVERNING NOTIFICATION BY EMPLOYERS OF THE DEATH OF EMPLOYEES

NAME OF EMPLOYER
Union Pacific Railroad Company

ADDRESS OF EMPLOYER

Omaha, Nebraska

NAME OF DECEASED

Jantaro Neishi

SOCIAL SECURITY ACCOUNT NUMBER

712-07-9866

DATE OF BIRTH

Jan. 10, 1878

PLACE OF DEATH

Barretts, Mont.

DATE OF DEATH

Dec. 6, 1941

FULL ADDRESS AT TIME OF DEATH

Barretts, Mont.,
c/o Dillon Post Office

LAST OCCUPATION OF DECEASED

Section Foreman

LAST DATE OF COMPENSATED SERVICE

Dec. 5, 1941

COMPENSATION EARNED DURING THE LAST TWO FULL QUARTERS AND FOR THE PERIOD FOLLOWING SUCH QUARTERS TO THE DATE OF DEATH

YEAR	YEAR 1941	YEAR 1941	YEAR 1941
JANUARY \$	APRIL \$ 30.29	JULY \$ 162.91	OCTOBER \$ 79.34
FEBRUARY \$	MAY \$ 160.98	AUGUST \$ 198.48	NOVEMBER \$ None
MARCH \$	JUNE \$ 157.50	SEPTEMBER \$ 157.50	DECEMBER \$ 30.29
		TOTAL OF EARNINGS REPORTED HEREON \$ 977.29	628.52

BASIS OF COMPENSATION, IF ANY, REPORTED FOR PERIOD AFTER DATE OF DEATH, ("VACATION ALLOWANCE", "SICK LEAVE ALLOWANCE", OR THE LIKE, PURSUANT TO RULES AND PRACTICES.)

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE SURVIVING

NAME

Miyuki Neishi

RELATIONSHIP TO DECEASED

Wife

ADDRESS

Barretts, Mont.,
c/o Dillon Post Office

DATE

Omaha, Nebr.,
Dec. 22, 1941

SUBMITTED BY

[Signature]

OFFICIAL TITLE

Audr. of Misl. Accts.

EXCERPTS FROM REGULATIONS UNDER THE RAILROAD RETIREMENT ACT

"IT SHALL BE THE DUTY OF EVERY EMPLOYER COMING WITHIN THE PURVIEW OF THE ACT TO NOTIFY THE RAILROAD RETIREMENT BOARD OF THE DEATH OF ANY EMPLOYEE IN ACTIVE EMPLOYMENT, AND WHEN KNOWN, OF THE DEATH OF ANY EMPLOYEE IN AN ACTIVE EMPLOYMENT, WITHIN 30 DAYS FOLLOWING THE RECEIPT BY THE EMPLOYER OF NOTICE OF SUCH DEATH. SUCH NOTIFICATION SHALL . . . SHOW, AMONG OTHER THINGS, THE DATE OF DEATH, PLACE THEREOF AND THE NAME AND ADDRESS OF THE SURVIVING SPOUSE OR NEAREST RELATIVE.

"THE NOTICE OF DEATH SHALL ALSO CONTAIN A STATEMENT OF THE AMOUNT OF COMPENSATION EARNED BY THE DECEASED EMPLOYEE TO THE EMPLOYER FOR EACH MONTH OF THE PERIOD BEGINNING WITH THE FIRST MONTH OF THE NEXT TO THE PREVIOUS COMPLETED CALENDAR QUARTER AND ENDING WITH THE DATE OF DEATH AND ANY OTHER STATEMENT WHICH THE BOARD MAY DEEM NECESSARY IN CARRYING OUT THE PROVISIONS OF THE ACT.

"THIS REPORT DOES NOT TAKE THE PLACE OF THE REGULAR REPORTS OF EMPLOYEE'S COMPENSATION TO THE BUREAU OF RAILROAD RETIREMENT RECORDS BUT REPRESENTS AN ADDITIONAL REPORT WITH RESPECT TO DECEASED EMPLOYEES. THE REGULAR REPORT SHALL BE RENDERED WHEN DUE, INCLUDING ANY AMOUNTS WHICH MAY BE REPORTED AS THE RESULT OF THE DEATH OF THE EMPLOYEE (250.02).

BOARD - CERTIFICATION OF COMPENSATION

4. NAME ON REQUEST

5. ACCOUNT NUMBER

712 07 9866

6. DB RECORDED
0178
DB ON REQ.

7. EMPLOYMENT DATA

Y.L.W.
41
DIS. ONSET

ER. NOS.

A.B.D.

10. MULT. ACCT. NUMBER

SS G.F. UI-87 LAG B.D. 37-46

DATE 2-14-68

DIRECTOR OF WAGE AND SERVICE RECORDS

SOCIAL SECURITY ADMINISTRATION

14. YEAR MOS. EMPL. CODE A. S.M. B. COMPENSATION C. Q.C.

15. DEDUCTIBLE BENEFITS

\$

- ☐ RA PAYABLE ON 10-30-51 (LESS THAN 10 YEARS)
- ☐ RA COMMUTED OR TERMINATED BEFORE 10-30-51

16. JURISDICTIONAL DATA

- A ☐ RRB DOES NOT HAVE JURISDICTION
- B ☐ RESIDUAL PAID ELECTION MADE
- C ☐ RESIDUAL MADE - NO ELECTION SA OR LSDP TO

D ☐ AT LEAST 120 MOS. SERVICE

E ☐ LESS THAN 120 MOS., BUT RETIREMENT ANNUITY AWARDED BEFORE 10-30-51 AND CURRENTLY PAYABLE.

F ☐ RRB JURISDICTION

DATE SIGN

17. COMPENSATION AND SERVICE CERTIFIED THRU: 12-31-66

18. MILITARY SERVICE - RR ACT

19. MONTHS EMPLOYED

YEAR J F M A M J J A S O N D

YEAR J F M A M J J A S O N D

PERIOD(S)

VERIFIED

CREDITABLE

USED

From

To

Yes

No

Yes

No

Yes

No

20. REMARKS

MONTHS EMPLOYED CODE

- 0 - NO SERVICE
- 1 - 1ST MONTH
- 2 - 2ND MONTH
- 3 - 1ST & 2ND MOS.
- 4 - 3RD MONTH
- 5 - 1ST & 3RD MOS.
- 6 - 2ND & 3RD MOS.
- 7 - 1ST, 2ND & 3RD MOS.

21. GROSS RESIDUAL

22. TOTAL TO DATE

23. GROSS RESIDUAL

W/O MIL. SERVICE

S.M.

COMPENSATION

WITH MIL. SERVICE

363 71

59

9 092 81

RRB FORM RR-90 (11-66)

CERTIFICATION OF SERVICE AND COMPENSATION - BASIC AMOUNT AND PIA DETERMINATIONS

RM G-90 (2-67)

ACCOUNT NUMBER										CLAIM NUMBER										CD										ACC OR REQ										MASTER FILE MARKINGS																																							
712074966										D051533																																																																					
D										R.R.B.										E										F										G																																							
1947										1948										1949										1950										1951																																							
1952										1953										1954										1955										1956																																							
1957										1958										1959										1960										1961																																							
1962										1963										1964										1965										1966																																							
1967										1968										1969										1970																																																	
C/D										DIVIDEND										D/M										AMW										I/Y										BASIC AMT										FORMULA										BASIC AMT/PIA									
TRIAL COMPUTATIONS - RRB										TRIAL COMPUTATIONS - SSA																																																																					

REMARKS										MONTHS EMPLOYED CDE										MONTHS EMPLOYED (R.R.B.)									
0 = NO SERVICE 1 = 1st MONTH 2 = 2nd MONTH 3 = 1st & 2nd MOS 4 = 3rd MONTH 5 = 1st & 3rd MOS 6 = 2nd & 3rd MOS 7 = 1st, 2nd & 3rd MOS																													
1959 GROSS AMOUNT																													
1960																													
1961																													
1962																													
1963																													
1964																													
1965																													
1966																													
1967																													
1968																													
1969																													
1970																													

OCCUPATION FOR LAST 5 YEARS										GROSS RESIDUAL WITH MILITARY SER.										GROSS RESIDUAL OR VA TAX									
1947										1948										1949									
1950										1951										1952									
1953										1954										1955									
1956										1957										1958									
1959										1960										1961									
1962										1963										1964									
1965										1966										1967									
1968										1969										1970									
59										59										59									
909281										909281										909281									
59										59										59									
909281										909281										909281									

ENTITLEMENT DETERMINATIONS										DATE FORAM PREPARED									
A. 120 SERVICE MONTHS										B. 6-41									
C. 120 SERVICE MONTHS										D. 120 SERVICE MONTHS									
E. 120 SERVICE MONTHS										F. 120 SERVICE MONTHS									
G. 120 SERVICE MONTHS										H. 120 SERVICE MONTHS									
I. 120 SERVICE MONTHS										J. 120 SERVICE MONTHS									
K. 120 SERVICE MONTHS										L. 120 SERVICE MONTHS									
M. 120 SERVICE MONTHS										N. 120 SERVICE MONTHS									
O. 120 SERVICE MONTHS										P. 120 SERVICE MONTHS									
Q. 120 SERVICE MONTHS										R. 120 SERVICE MONTHS									
S. 120 SERVICE MONTHS										T. 120 SERVICE MONTHS									
U. 120 SERVICE MONTHS										V. 120 SERVICE MONTHS									
W. 120 SERVICE MONTHS										X. 120 SERVICE MONTHS									
Y. 120 SERVICE MONTHS										Z. 120 SERVICE MONTHS									
59										59									
909281										909281									
59										59									
909281										909281									

DAILY HIB AUXILIARY REFERRALS - FEB 20, 1968

HIB CLEARANCE

SA

PREFIX CLAIM NO.	W/E SSA NO.	BENEFICIARY	SEX	JURISDICTION	GEO. CODE
WD 051533	712-07-9866	WIDOW	FEMALE	SSA	399

WID-SP SSA NO.	SMIB ELECTION	SMIB RATE	EXCESS PAYMT.	SMIB PAID THRU
517-30-1345	SSA JURIS			

EFF HIB DATE	EFF SMIB DATE	G-44/ID STAT.	MIYUKI K NEISHI
DEC 1967		G-44 NOT REQ	120 NE HOLLADAY
			PORTLAND OREG 97232

DATE OF BIRTH	REPRESENT PAYEE	RECORD STATUS
12-28-02		DROP

207

RAILROAD RETIREMENT BOARD
REQUEST FOR SSA BENEFIT AND E/R INFORMATION

1 <input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> SURVIVOR <input type="checkbox"/> DISABLED CHILD		2 RRB CLAIM NO. 6-615-33	3 DATE RELEASED 2-15-68
4 SOCIAL SECURITY ACCOUNT NO. 511-30-1845		5 DATE OF BIRTH 12-28-02 <input type="checkbox"/> DIB	
6 NAME AND ADDRESS Miyuki T. Heishida 120 NE Holladay Portland Oregon 097232		6 POTENTIAL AUXILIARY BENEFICIARIES <input type="checkbox"/> WIFE CHILD: <input type="checkbox"/> UNDER AGE 18 <input type="checkbox"/> DISABLED <input type="checkbox"/> STUDENT	
7 NAME ON SSA CARD Miyuki Heishida		7 TELEPHONE NO.	
8 <input type="checkbox"/> RR-90 ATTACHED <input checked="" type="checkbox"/> NOT REQUIRED			
9 D/O STATUS REPORT DUE DATE 3-30	10 REMARKS W/E widow Sendaro Heishida		

X

11

DATE RELEASED TO SSA

2-13-68

UNIT

SA-1

EXAMINER'S SIGNATURE

Smith 23-25

RRB
Claim File Copy

HEALTH INSURANCE RECORD

(Computer Input For Manual Awards)

1	CD. NO. COL. 1				SYM. & PREF.				SSA				CLAIM NUMBER				ACT		2		TYPE OF CERT. MANUAL		COL. 15		3		TYPE OF BENEFICIARY:				COL. 16																																																																																																																																																																																			
	1				2				3				4				5		6		7		8		9				10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
	1				2				3				4				5		6		7		8		9				10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
	1				2				3				4				5		6		7		8		9				10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
	1				2				3				4				5		6		7		8		9				10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55																																																																																											

20	CD. NO. 2	DUPLICATE COLUMNS 2 TO 20 FROM CARD 1																			
		NAME AND ADDRESS																			
COLS. 21-40 1ST LINE OF NAME & ADDR.		MIYUKI K NEISHI																			
COLS. 41-60 2ND LINE OF NAME & ADDR.		E 120 NE HOLLADAY																			
COLS. 61-80 3RD LINE OF NAME & ADDR.		PORTLAND OREG 97232																			
21	CD. NO. 3	DUPLICATE COLUMNS 2 TO 20 FROM CARD 2																			
COLS. 21-40 4TH LINE OF NAME & ADDR.																					
COLS. 41-60 5TH LINE OF NAME & ADDR.																					
COLS. 61-80 6TH LINE OF NAME & ADDR.																					

INSTRUCTIONS:

PREPARED BY:

DATE:

JAN 10 1968

D-51533
712-07-9866

SA

Mr. K. R. Andersen
BA-1715 UPNeishi, Jentaro
Barretts, Beaverhead,
Montana
Neishi, Jentaro

Same	Section				
	Laborer	6-1900	1901	M of W	Idaho Shoshone, Div
	Extra Gang	1901	1911	"	"
	Sec. Laborer	1911	1913	"	"
	Sec. Foreman	8-1913	3-1922	"	Mont. Div.
	"	9-1922	5-1935	"	"
	"	8-1935	12-1936	"	"

x

100

QUONKERT:pet
1-9-1968*Released
1-10-68*

1935808

PS1463

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

UNION PACIFIC RAILROAD COMPANY

EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.

Do not write in this space

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals who on August 29, 1935, were in the active compensated service of or in an employment relation to an employer under that Act. Only such individuals should fill out this form. Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

712-07-9866

1. Social Security Account No. _____
2. Name (PRINT) (First) (Middle) (Last) JENTARO (NONE) NEISHI
3. Race JAPANESE
4. Sex MALE (Male or female)
- Address (Street and number) (Town or city) (County) (State) BARRETT, BEAVERHEAD, MONTANA
5. Date of birth (Month) (Day) (Year) JAN 10 1878
6. Place of birth (Town or city) (County) (State) HIROSHIMA, JAPAN (NO STATE OR COUNTY)
7. Father's (First name) (Middle name) (Last name) MITUSO (NONE) NEISHI Mother's (First name) (Middle name) (Maiden last name) TOME (NONE) TANAKA
8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? YES If not, were you (Yes or no)

on August 29, 1935: on furlough and ready and willing to serve? _____; on leave of absence? _____; or absent (Yes or no)

on account of sickness or disability? _____ (Yes or no)

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate block for each employer. Start with a new line of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

(a) UNION PACIFIC RAILROAD
(Name of employer under the Act)

JENTARO NEISHI
(Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
SECTION LABORER	JUNE	1900	1901		M. OF. WAY	DIV
EXTRA GANG		1901	1911		M. OF. WAY EX GANG	IDAHO - SHOSHONE
SECTION LABORER		1911	1913			
SEC FOREMAN	AUG	1913	MAR	1922	M OF WAY	MONT DIV
SEC FOREMAN	SEPT	1922	MAY	1935	M OF WAY	MONT DIV
SEC FOREMAN	AUG	1935	Not Ended		M OF WAY	MONT DIV.

WORKED CONTINUOUSLY FOR UN PAC IN M OF W DEPT WITH EXCEPTION OF MAR 1923 TO SEPT 1923 AND MAY 1935 TO AUG 1935 WHEN I WAS ON LEAVE.

(b) _____
(Name of employer under the Act)

(Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		

(Additional blocks are provided on the back of this form)

16-7468

Date NOV 12 1938
(Month) (Day) (Year)

(Signed)

(Sign in ink or indelible pencil—do not print)

JAN 10 1968

RECORD OF EMPLOYEE'S PRIOR SERVICE

Section 1.—IDENTIFICATION

RRB Claim No. D-51533 Unit SA

SSA No. 712-07-9866

Employee's
Name Neishi, Jentaro
(LAST) (FIRST) (MIDDLE)

Address Barretts, Beaverhead,
Montana

Payroll Name Neishi, Jentaro
(LAST) (FIRST) (MIDDLE)

Mr. K. R. Andersen
BA-1715 UP

PLEASE COMPLETE THIS SERVICE REPORT AND RETURN IT TO THE BOARD AS SOON AS POSSIBLE.

Section 2.—EMPLOYEE'S CLAIMED SERVICE

NAME OF EMPLOYER IF NOT SAME AS ABOVE	OCCUPATION	DATE BEGAN (MONTH, YEAR)	DATE ENDED (MONTH, YEAR)	DEPARTMENT	LOCATION OR DIVISION
1 Same	Section Laborer	6-1900	1901	M of W	Idaho Shoshone, Div
2	Extra Gang Sec. Laborer	1901 1911	1911 1913	"	"
3	Sec. Foreman	8-1913	3-1922	"	Mont. Div.
4	"	9-1922	5-1935	"	"
5	"	8-1935	12-1936	"	"
6					

Section 3.—INFORMATION FOR EMPLOYERS

- ☐ Employment relation established
- ☐ If employment relation on August 29, 1935 not apparent, complete only Form ERR-8 and return Form AA-2P blank
- ☒ Verify only 100 months of service in reverse order beginning with December 1936
- ☐ No compensation need be shown
- ☐ Furnish compensation for last 18 months of service in 1924-1931 period
- ☐ Furnish exact title of last occupation held in last month of service
- ☐

Enclosure

Section 4.—BIRTH DATA SHOWN ON EMPLOYER'S RECORDS

Employee's date of birth _____ ☐ Verified ☐ Not Verified
(MONTH) (DAY) (YEAR)

Place of birth _____
(CITY) (COUNTY, PARISH, OR OTHER CIVIL DIVISION) (STATE OR COUNTRY)

This date of birth was entered on records of the employer during the year of _____.

Section 5.—PERSONNEL RECORD

OCCUPATION	DEPARTMENT OR DIVISION	FROM—		TO	
		MONTH	YEAR	MONTH	YEAR
1					
2					
3					
4					
5					
6					
7					
8					

Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

	1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
JAN.	C	C	C	C	C															
FEB.	C	C	C	C	C															
MAR.	C	C	C	C	C															
APRIL	C	C	C	C	C															
MAY	C	X	C	C	C															
JUNE	C	X	C	C	C															
JULY	C	X	C	C	C															
AUG.	C	X	C	C	C															
SEPT.	C	X	C	C	C															
OCT.	C	C	C	C	C															
NOV.	C	C	C	C	C															
DEC.	C	C	C	C	C															
TOTAL																				

* Was the employee in compensated service on August 29, 1935? (YES OR NO)

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
JAN.																				
FEB.																				
MAR.																				
APRIL																				
MAY																				
JUNE																				
JULY																				
AUG.																				
SEPT.																				
OCT.																				
NOV.																				
DEC.																				
TOTAL																				

NOTE.—(a) Line out spaces for all months for which entries have not been made.
(b) Only 30 service years are required for verification.

Computer _____ Reviewer _____

Section 9.—ADDITIONAL INFORMATION

1	
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Section 10.—CERTIFICATION

All information or data reported on this form in sections 4, 5, 6, 7, and 9 are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "Additional information," or as initialed by me.

R.R. Anderson
(SIGNATURE)

Date **FEB 5- 1968**

AUDITOR OF MISCELLANEOUS ACCOUNTS
(TITLE)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (b) (part). " * * * The Board shall have power to require an employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (b) (3), by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than \$10,000 or by imprisonment not exceeding 1 year, or both."

This Margin Reserved for Binding
WRITE PLAINLY WITH UNFADING INK

STANDARD CERTIFICATE OF DEATH

2699

STATE OF MONTANA

Bureau of Vital Statistics

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Beaverhead
(b) City or town Beaverhead
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution:
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Montana (b) County Beaverhead
(c) City or town Barrett Station
(d) Street No.
(e) If foreign born, how long in U. S. A. ? 41 years

3 (a) FULL NAME Jenerter Neisha

3 (b) If veteran, name, war, No. 712-07-98
5. Color or race Y
6 (a) Single, widowed, married, divorced M
6 (b) Name of husband or wife 6 (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Jan 10 1881
8. AGE: Years 60 Months 10 Days 26 hr min

MEDICAL CERTIFICATION

Date of death: Month Dec year 1941 hour 8 P.M. minute 6
21. I hereby certify that I attended the deceased from Dec. 6 1941 to Dec. 6 1941 that I last saw him alive on 30 P.M. Dec. 6, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis and Chronic Myocarditis also Chronic Bronchitis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature W. H. Stephan (e) Means of injury (M. D. or other)
Address Dillon, Montana Date signed

9. Birthplace Japan
10. Usual occupation Forman on
11. Industry or business Section Gang
12. Name Mitsuzo Neisha
13. Birthplace Japan
14. Maiden name unknown
15. Birthplace unknown
16 (a) Informant's own signature R. Neishi
(b) Address Dillon, Montana
17 (a) Removal (b) Date thereof Dec. 10, 1941
(c) Place: burial or cremation Salt Lake City
18 (a) Signature of funeral director H. M. Brundage
(b) Address Dillon, Montana
19 (a) 12/9/41 (b) F. M. Poindexter
(Date received local registrar) (Registrar's signature) M. D.

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STANDARD CERTIFICATE OF DEATH

2699

STATE OF MONTANA

Bureau of Vital Statistics

Registrar's No. 32

1. PLACE OF DEATH:

(a) County... Beaverhead
(b) City or town...
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution. (Specify whether
In this community. 30 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Montana (b) County... Beaverhead
(c) City or town... Barrett Station
(d) Street No...
(e) If foreign born, how long in U. S. A. ? 41 years. Years.

3 (a) FULL NAME Jenertar Neisha

3 (b) If veteran, Social Security No. 712-07-9866
4. Sex M. 5. Color or race Y. 6. (a) Single, widowed, married, divorced M.
6 (b) Name of husband or wife (c) Age of husband or wife if alive. 40 years
7. Birth date of deceased Jan 10 1881 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 26 hr min

9. Birthplace Japan (City, town, or county) (State or foreign country)

10. Usual occupation Forman on

11. Industry or business Section Gang

12. Name Mitsuzo Neisha (State or foreign country)

13. Birthplace Japan (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16 (a) Informant's own signature R. Neishi

(b) Address Dillon, Montana

17 (a) Removal (b) Date thereof Dec 10 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Salt Lake City

18 (a) Signature of funeral director H.M. Brundage

(b) Address Dillon, Montana

19 (a) 12/9/41 (b) F.M. Poindexter (Date received local registrar) (Registrar's signature) M.D.

MEDICAL CERTIFICATION

Date of death: Month Dec day 6 year 1941 hour 8 P.M. minute
21. I hereby certify that I attended the deceased from Dec. 6 1941, to Dec. 6 1941, that I last saw him alive on Dec. 6 1941, and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis and Chronic Myocarditis also Chronic Bronchitis
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
While at work? (Specify type of place)
23. Signature W.H. Stephan (M.D. or other)
Address Dillon, Montana Date signed

OF THE STATE
COUNTY OF BEAVERHEAD
BEAVERHEAD COUNTY
MONTANA

DEPARTMENT OF HEALTH
BEAVERHEAD COUNTY
MONTANA
JANUARY 16, 1942

STATE OF MONTANA,
COUNTY OF BEAVERHEAD,
SS.

BEAVERHEAD
JANUARY 16, 1942

This is to certify that the within document is a true and correct copy of the information shown on the duplicate Death Record on file in this office.

NOTARIAL PUBLIC
My Comm. Expires Jan 1, 1943
I, Albert S. Baker, County Clerk and Ex-Officio Registrar of Vital Statistics, Beaverhead County, Montana, do hereby certify that the within document is a true and correct copy of the information shown on the duplicate Death Record on file in this office.

BY *Albert S. Baker*
Deputy

BEAVERHEAD COUNTY
JAN 16 1942
DEPARTMENT OF HEALTH
BEAVERHEAD COUNTY
MONTANA
JANUARY 16, 1942

WRITE PLAINLY WITH UNFADING INK
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STATE OF MONTANA
COUNTY OF BEAVERHEAD

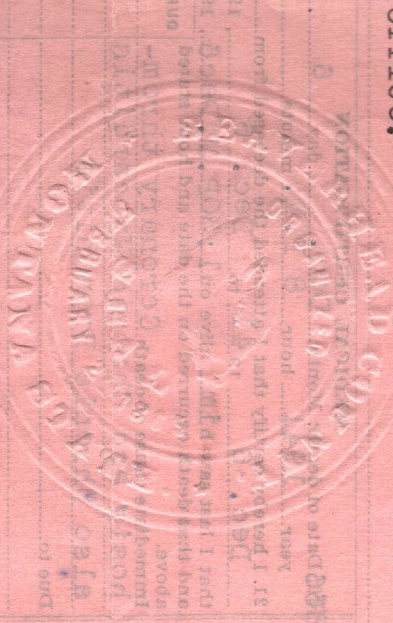
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JAN 16 1942

STATE OF MONTANA,
County of Beaverhead,)
SS.

January 16, 1942

This is to certify that the within document is a true and correct copy of the information shown on the duplicate Death Record on file in this office.



Albert S. Baker
County Clerk and Ex-Officio
Registrar of Vital Statistics,
Beaverhead, County, Montana
By *Louise Smith*
Deputy



WHITE PRINTING WITH UNFADING INK
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☐ PRIOR CERTIFICATION (SEE OVER)

REQUEST FOR E/R ACTION

DISTRICT OFFICE		CODE	REQUEST DATE		TYPE ACTION	BLOCK NUMBER	ACCOUNT NUMBER	
PORTLAND OR		932	11 08 67		SUR	J*15508X	712-07-9866	
NAME OF A/N HOLDER		SEX	DATE OF BIRTH		MR ST	DATE OF APPL.	TYPE CLAIM	DATE OF DEATH
NEISHI, JENTARO		M	01 00 82			10 30 67	D	12 06 42
MULTIPLE A/N		MILITARY SERVICE FROM		THRU	USE	DATE OF ONSET	MO. ELECT	R.R. SERVICE
711-09-4131								

LAG INFORMATION FURNISHED BY DISTRICT OFFICE								FAMILY COMPOSITION		PRIOR CERTIFICATION	
TYPE	PERIOD	AMOUNT	EIN	TYPE	PERIOD	AMOUNT	EIN	CLO			
								AUXILIARY OR SURVIVOR DATA		FORM 805	
								SEX	DATE OF BIRTH	MO. ELECT	
								F	12 28 02		

REMARKS PRIORITY AD 120 NE HOLLADAY, PORTLAND OR ZP 97232 ST 382
50 RL CM051122 CN NEISHI, MIYUKI K UNIT EJK

F	N	M
P	B	R
FORM OA-C790 (IDP) (1-67)		
SS5 REMOVED BY:		
DATE		

REPORT OF SSA CLAIMS INFORMATION

1. DATE 12-12-67

GENERAL INSTRUCTIONS: This form will be prepared by the DO, BDI, DFC or the PC upon the receipt of RRB's notice that RRB has jurisdiction of the survivor's claim based on the combined RR and SS earnings.

2. NAME OF WAGE EARNER

Jentaro Neishi

3. ACCOUNT NUMBER

712-07-9866

4. RRB CLAIM NUMBER

#D051533

5. DATE OF BIRTH

01-1882

6. DATE OF DEATH

12-06-42

RAILROAD RETIREMENT BOARD
Bureau of Wage and Service Records
844 Rush Street
Chicago, Illinois 60611

7. DATE WE'S CLAIM(S) FILED (Enter the date shown on the applicable award or disallowance form(s)):

OAIB/DIB

RECOMPUTATION

RECOMPUTATION

8. Enter the established total yearly SS earnings for each year that pre-lag SS earnings were developed and such earnings increased or decreased the yearly earnings listed by BDPA on the latest OA-C794 in file. Enter the appropriate QC symbols (C, S, A, N, etc.) to show the established yearly QC pattern based on the adjusted earnings.

YEAR	ANNUAL EARNINGS	QC	YEAR	ANNUAL EARNINGS	QC
19			19		
19			19		
19			19		

9. PERIOD OF DISABILITY

☒ NONE

☐ PENDING

☐ ESTABLISHED-FROM

TO

10. SSA ESTABLISHED OVERPAYMENTS TO BE RECOVERED BY RRB:

\$

☐ NONE

☐ UNDETERMINED

NAME OF OVERPAID PERSON(S) - TYPE OF BENEFIT - SHOW WHICH MONTHS OVERPAID

11. REMARKS:

☒ SURVIVOR CLAIMS MATERIAL ATTACHED

☐ NO SURVIVOR MATERIAL IN THIS OFFICE

☐ OTHER (Specify)

RRB Jurisdiction, Notice Rec'd from BDPA dated 12/6/67

12. NOTICE TO DO THAT RRB HAS JURISDICTION:

☐ SEND COPY TO DISTRICT OFFICE AT:

CHIEF, PAYMENT CENTER

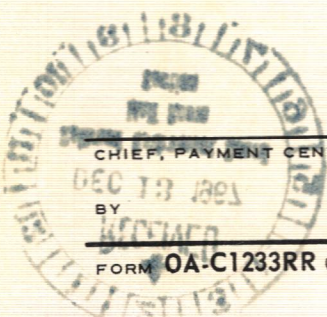
MANAGER, DISTRICT OFFICE

BY

BY

FORM OA-C1233RR (3-66)

RAILROAD RETIREMENT BOARD JURISDICTION



1221 SW 12 Avenue
Portland, Oregon 97205
December 12, 1967

Miyuki K. Neishi
120 N. E. Holladay
Portland, Oregon 97232

226-3361 Ext 1713
Mrs. Ketcham

Dear Mrs. Neishi:

RE: JENTARA NEISHI, 712-07-9866

We have been advised that the Railroad Retirement Board, Chicago, Illinois has jurisdiction of the application you filed for survivor benefits. We therefore are transferring the application you filed in our office on November 3, 1967 for widow's benefits to the Railroad Retirement Board.

If you have further questions in connection with that claim, you should get in touch with the Railroad Retirement Board. Their local office is located in the new U. S. Courthouse at S. W. Broadway and Main, Portland, Oregon.

Sincerely yours,

Maynard Fuerstenau/cp
Claims Supervisor

Memorandum

TO : *Do.*
Portland Oregon
FROM : *Unit EJK*
Bureau of Data Processing and Accounts

DATE: *12/6/67*
REFER TO: DP:CD
OAR-1306
Block No.: *15508*

SUBJECT: Notice of RRB Jurisdiction or Delay in
Processing E/R Request for

Leptaro Nushi, A/N *711-09-4131N*
712-07-9866A

- ☒ 1. Enclosed E/R request forwarded without processing. Our records indicate RRB jurisdiction. See CM 4082.5 RRB Claim # *D051533*
- ☐ 2. RRB coordination required. Earnings record will be delayed pending receipt of Form RR-90 from RRB. If E/R not received within 21 days, return this form to BDPA. A "SEC" E/R request will be required only if we subsequently notify you that E/R was sent and it is not in the DO.
- ☐ 3. Teletype message from RRB indicates a delay in processing RR E/R request.

J. Carmody
J. Carmody
Acting Director

Enclosure

☒ E/R request _____

Date _____

TO: Bureau of Data Processing and Accounts
Attn: Deletions and Development Branch

FROM: District Office, _____

Earnings record for subject W/E not yet received.

District Manager

RAILROAD EMPLOYMENT QUESTIONNAIRE

NAME OF PERSON ON WHOSE ACCOUNT SOCIAL SECURITY BENEFITS ARE CLAIMED <i>Jentara Neishi</i>	SOCIAL SECURITY NUMBER <i>712-07-9866</i>
---	--

A: To be completed whenever the deceased worked in the railroad industry on or after January 1, 1937.

(1) HOW MANY MONTHS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY AFTER 1936? <i>84</i>	(2) HOW MANY MONTHS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY BEFORE 1937? (If none, enter "NONE.") <i>Since 1900</i>	(3) DID THE DECEASED WORK IN THE RAILROAD INDUSTRY DURING THE LAST 18 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "yes," also complete C below)
(4) IF THE DECEASED'S RAILROAD SERVICE TOTALS AT LEAST 120 MONTHS, HAD THE DECEASED EVER FILED A CLAIM FOR A DISABILITY OR RETIREMENT ANNUITY WITH THE RAILROAD RETIREMENT BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "yes", ENTER HIS RAILROAD RETIREMENT BOARD CLAIM NUMBER HERE:		
(5) HAS ANY SURVIVOR OF THE DECEASED EVER RECEIVED A LUMP-SUM OR RESIDUAL PAYMENT OR A SURVIVOR'S MONTHLY ANNUITY FROM THE RAILROAD RETIREMENT BOARD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "yes," also complete D below)		
(6) IF THE DECEASED EVER FILED AN APPLICATION FOR SOCIAL SECURITY BENEFITS, DID HE WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER HE FILED FOR SOCIAL SECURITY BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes," also complete C below)		

B: To be completed whenever a claimant for Social Security benefits worked in the railroad industry on or after January 1, 1937.

NAME OF PERSON HAVING RAILROAD EMPLOYMENT	SOCIAL SECURITY NUMBER	
(1) HOW MANY MONTHS DID YOU WORK IN THE RAILROAD INDUSTRY AFTER 1936?	(2) HOW MANY MONTHS DID YOU WORK IN THE RAILROAD INDUSTRY BEFORE 1937? (If none, enter "NONE.")	(3) DID YOU WORK IN THE RAILROAD INDUSTRY DURING THE LAST 18 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes," also complete C below)
(4) IF YOUR RAILROAD SERVICE TOTALS AT LEAST 120 MONTHS, HAVE YOU EVER FILED A CLAIM FOR A DISABILITY OR RETIREMENT ANNUITY WITH THE RAILROAD RETIREMENT BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "yes", ENTER YOUR RAILROAD RETIREMENT BOARD CLAIM NUMBER HERE:		
(5) DID YOU RECEIVE ANY RAILROAD SICKNESS BENEFITS OR ANY RAILROAD UNEMPLOYMENT BENEFITS DURING THE LAST 18 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

C: Information about railroad employment; To be completed if item A(3) or A(6) or B(3) is checked "Yes".

NAME OF RAILROAD EMPLOYER	FROM	TO
WORK LOCATION	DEPARTMENT AND OCCUPATION	

D: To be completed when the claimant for Social Security benefits has received a lump-sum from the Railroad Retirement Board, or has received or is receiving a monthly R.R.B. annuity based on another individual's railroad employment.

(1) NAME OF SOCIAL SECURITY CLAIMANT - R.R.B. ANNUITANT <i>Miyuki Neishi</i>	(2) R.R.B. CLAIM NUMBER <i>Unknown</i>
(3) NAME AND SOCIAL SECURITY NUMBER OF RAILROAD EMPLOYEE ON WHOSE ACCOUNT THE R.R.B. CLAIM WAS FILED: NAME <i>Jentara Neishi</i>	SOCIAL SECURITY NUMBER <i>712-07-9866</i>
(4) RELATIONSHIP OF SOCIAL SECURITY CLAIMANT TO RAILROAD EMPLOYEE (wife, widow, parent, child, etc.) <i>Widow</i>	(5) TYPE OF RRB BENEFIT (monthly, lump-sum, or residual) <i>Lump Sum</i>
(6) HAS THE RAILROAD RETIREMENT BOARD NOTIFIED THE ABOVE SOCIAL SECURITY CLAIMANT - R.R.B. ANNUITANT THAT THE AMOUNT OF HIS OR HER R.R.B. ANNUITY MAY BE AFFECTED BY ENTITLEMENT TO SOCIAL SECURITY BENEFITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

REMARKS:

☐ SEE REVERSE FOR
ADDITIONAL REMARKS

Memorandum

TO : Portland, Or.

FROM : Bureau of Data Processing and Accounts

DATE: 12-5-67

REFER TO: DP:CD
OAR-1306

Block No.: 15508

SUBJECT: Notice of RRB Jurisdiction or Delay in
Processing E/R Request for

Genaro Nishi, A/N A 712-07-9866
N 711-09-4131

- ☐ 1. Enclosed E/R request forwarded without processing. Our records indicate RRB jurisdiction. See CM 4082.5 RRB Claim #
- ☒ 2. RRB coordination required. Earnings record will be delayed pending receipt of Form RR-90 from RRB. If E/R not received within 21 days, return this form to BDPA. A "SEC" E/R request will be required only if we subsequently notify you that E/R was sent and it is not in the DO.
- ☐ 3. Teletype message from RRB indicates a delay in processing RR E/R request.

J. Carmody
J. Carmody
Acting Director
9527

Enclosure

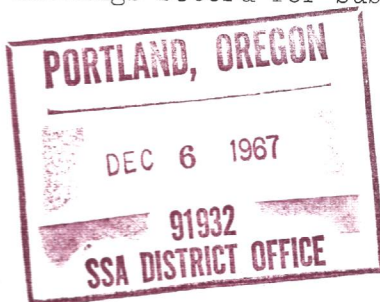
☐ E/R request _____

Date _____

TO: Bureau of Data Processing and Accounts
Attn: Deletions and Development Branch

FROM: District Office, _____

Earnings record for subject W/E not yet received.



District Manager

TRANSLATION

NAME OF INSURED INDIVIDUAL

Miyuki K. Neishi

SOCIAL SECURITY ACCOUNT NUMBER

517-30-1345

TRANSLATING OFFICE

Social Security Administration

American Mutual Building

1181 Alakea Street

Honolulu, Hawaii 96813

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

1. DATE:

November 21, 1967

2. LANGUAGE OF DOCUMENT:

Japanese

3. PERSON(S) FOR WHOM PROOF SUBMITTED:
(If married woman give maiden name)

Miyuki K. Neishi

4. FACT(S) TO BE PROVED:

Marriage

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

05/11/22

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Koseki tohon

2. DATE EVENT RECORDED, IF SHOWN:

5/25/22

3. DATE DOCUMENT ISSUED:

3/23/34

4. TITLE OF OFFICER EXECUTING DOCUMENT:

Mayor's office, Hiroshima City

5. NAME OF ISSUING AGENCY:

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported?

☒ YES ☐ NO

7. Is Foreign Service post verification stamp shown on document.

☐ YES ☒ NO

8. Describe and explain any irregularities in document:

NONE

9. The document, which is in the Japanese language, contains the following pertinent information:

Notification of marriage of Miyuki, oldest daughter of Eitaro and Rito

Kanda to Zentaro Neishi was made on 5/25/22. Miyuki's dob is shown

as 12/28/02. Date of marriage itself or place of marriage not shown on document.

REQUESTING OFFICE:

Social Security Administration
1221 S. W. 12th Ave.
Portland, Oregon 97205

PORTLAND, OREGON

NOV 28 1967

91932
SSA DISTRICT OFFICE

SIGNATURE OF AUTHORIZED TRANSLATOR

TITLE

DATE

Authorized Translator

11/27/67

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1. 1950年10月1日，中华人民共和国成立。
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主 戸 前

根石光藏

族 籍
 神主
 氏主

白 聖

七根石光藏 長男

父 七根石光藏 長男

母 一人

戸 母

根石善太郎

出生 明治五年八月廿

主

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父 田中光藏

母 一人

出生 大正五年五月

父 七根石光藏

母 一人

第

流

出生 明治廿五年七月

三寶本町二丁目
 廣島市三寶町
 島縣 安佐郡三寶町 楠木 吉田拾次郎

主	戸	前	族	稱
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五ヶ年正月廿四日 前年大藏元之日、家賃有様、
 高田山クマヨト、煙烟、
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CONSISTS OF 2 PAGES.
SIGNATURE Chaf. Xitoham
DATE 11/1/12 TITLE CR

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a photocopy appears to be genuine and
to have been made at the
place and date stated on this photocopy consists

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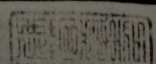
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**STATEMENT OF JURISDICTION
AND/OR
RECORD OF TRANSFER**

RRB CLAIM NO.

0-51533

SOCIAL SECURITY ACCOUNT NO.

712-07-9866

DECEASED EMPLOYEE'S NAME

Genaro Nishi

BUREAU OF WAGE AND SERVICE RECORDS

1. ☐ RRB HAS JURISDICTION - G-73a BEING PROCESSED

BUREAU OF RETIREMENT CLAIMS

4. ☒ RRB HAS JURISDICTION-REQUEST FOR RR E/R RETURNED TO SSA

OFFICE: AO 932 DATE 11-17-67

11 DATE 11-27-67

DATE _____

2. SSA HAS JURISDICTION

- ☐ CURRENT CONNECTION NOT APPARENT
☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

_____ MONTHS OF SERVICE
AFTER 1936

5. CASE TRANSFERRED TO SSA ON BASIS OF:

- ☐ RR-90
☐ REQUEST FOR RR E/R TO ☐ PC OR
☐ D/O

AT _____
(ADDRESS)

REASON FOR TRANSFER:

- ☐ CURRENT CONNECTION NOT APPARENT
☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

3. ☐ RR-14 INITIATED
☐ RR-3 INITIATED
☐ OA-C794 NOT REQUIRED

6. ☐ FORM SS-5 RETURNED
☐ FORM OA-702 RETURNED

REMARKS:

REMARKS:

(PREPARED BY)

(DATE)

(PREPARED BY)

(DATE)

MEMORANDUM

Missoula, Montana
August 24, 1951

TO Director, Bureau of Retirement Claims
Chicago, Illinois

FROM Branch Manager
Missoula, Montana

SUBJECT D-51533 - Jentaro Neishi (Deceased)
Miyuki Neishi (Widow)
141 West Helena Street
Dillon, Montana

This has reference to your memorandum of July 25, 1951, relative to the recovery of \$206.40 erroneously paid the above-named widow as a result of her daughter, Kazuko Neishi, receiving a child's insurance annuity from May 1950 through April 1951, during which time she was married.

The widow was contacted in Dillon on August 23, 1951, and in the process of obtaining the information contained in the last paragraph of your memorandum, the widow stated that she would pay the entire amount rather than to make monthly installments. Accordingly, the attached cashier's check in the amount of \$206.40 was obtained which covers the entire amount of the erroneous payments.

Leo T. Haeg
Leo T. Haeg
Branch Manager

Attachment

RL-88 (6-51)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET, CHICAGO 11, ILLINOIS

R.R.B. No. **WOD-51533**
S.C. No. **2316**
Date **9-24-51**

ACKNOWLEDGMENT OF REFUND

Your remittance made as reimbursement for overpayment was received on **8-27-51**
The present status of your account is as follows:

Previous balance: **\$206.40**
Current payment : **\$206.40**
Balance due : **\$ -0-**

Mrs. Miyaki Neishi
For the use of Kazuko Neishi
141 West Helena Street
Dillon, Montana

A. R. Wells
A. R. Wells
Director of Retirement Claims

Always give R.R.B. number when writing to the Board

Missoula, Montana
August 24, 1951

Director, Bureau of Retirement Claims
Chicago, Illinois

Branch Manager
Missoula, Montana

D-51533 - Jentaro Neishi (Deceased)
Miyuki Neishi (Widow)
141 West Helena Street
Dillon, Montana

This has reference to your memorandum of July 25, 1951, relative to the recovery of \$206.40 erroneously paid the above-named widow as a result of her daughter, Kazuko Neishi, receiving a child's insurance annuity from May 1950 through April 1951, during which time she was married.

The widow was contacted in Dillon on August 23, 1951, and in the process of obtaining the information contained in the last paragraph of your memorandum, the widow stated that she would pay the entire amount rather than to make monthly installments. Accordingly, the attached cashier's check in the amount of \$206.40 was obtained which covers the entire amount of the erroneous payments.

Leo T. Haeg
Branch Manager

Attachment

cc:
Minneapolis R.O.
Billings R.O.

RECEIVED
AUG 28 1951
TWO ONE ONE
BUREAU OF RETIREMENT CLAIMS
CHICAGO, ILL.



JUL 25 1951

TO File

SUBJECT D-51533 - Jentaro Neishi (Deceased)

The deceased employee died on December 6, 1941. On March 27, 1947 the widow filed an application requesting benefits for herself and on behalf of Yukiko who was born on October 19, 1930, and Kazuko who was born on May 13, 1933. Child's insurance annuities of \$20.06 on behalf of the two children were awarded effective from January 1, 1947. No widow's current insurance annuity was paid as the widow was engaged in restricted employment during the entire period of her entitlement. No child's insurance annuity was paid on behalf of Yukiko after April 30, 1947 for the same reason. All payments through August 31, 1947 were withheld, and the child's insurance annuity on behalf of Kazuko was reduced to \$17.20 effective September 1, 1947 to recover the four per cent death benefit previously paid. Payments on behalf of Kazuko were stopped when her entitlement ceased on April 30, 1951.

During April 1951, but too late to stop the check for the month of April, notice was received that Kazuko had married. An investigation developed that she had married on May 17, 1950. All payments on her behalf subsequent to April 30, 1950 totalling \$206.40, were erroneous.

Both the application which she filed, and our award letter to her, explained to the widow that if a child married before reaching the age of eighteen, the child's entitlement to a child's insurance annuity would terminate as of the last of the month preceding the month of marriage. She cannot therefore, be considered to have been without fault.

[Signature]
done, target
7/24/51

Chicago 11, Illinois

JUL 25 1951

District Manager's Office
Billings, Montana

Director, Bureau of Retirement Claims

D-51533 - Jentaro Neishi (Deceased)
Miyuki Neishi (Widow)
141 West Helena Street
Dillon, Beaverhead County,
Montana

The deceased employee died on December 6, 1941. On March 27, 1947 the widow filed an application requesting benefits for herself and on behalf of Yukiko who was born on October 19, 1930, and Kazuko who was born on May 13, 1933. Child's insurance annuities of \$20.06 on behalf of the two children were awarded effective from January 1, 1947. No widow's current insurance annuity was paid as the widow was engaged in restricted employment during the entire period of her entitlement. No child's insurance annuity was paid on behalf of Yukiko after April 30, 1947 for the same reason. All payments through August 31, 1947 were withheld, and the child's insurance annuity on behalf of Kazuko was reduced to \$17.20 effective September 1, 1947 to recover the four per cent death benefit previously paid. Payments on behalf of Kazuko were stopped when her entitlement ceased on April 30, 1951.

During April 1951, but too late to stop the check for the month of April, notice was received that Kazuko had married. An investigation developed that she had married on May 17, 1950. All payments on her behalf subsequent to April 30, 1950 totalling \$206.40, were erroneous.

In order to determine what steps to take toward recovery, please secure general information with respect to the following items:

- (1) the source and amount of the widow's income and the number of persons dependent on such income
- (2) the kind and approximate value of any real estate or securities she may own
- (3) the kind and approximate amount of any indebtedness she may have
- (4) the representative opinion of her ability to make repayment based on his impression gained from the interview

District Manager's Office
Billings, Montana

R.R.B. No. D-51533

- (5) any other information that would reflect on her ability or inability to make repayment.

A. R. Wells

GEgan:MBoyd
July 20, 1951

FORM NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

COMPUTER

CLAIM NO.

521
WCD-51533
7-11-51

WCD-51533

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
C1	20.06	1-1-47	8-31-47	8	160.48	20.06	1-1-47	8-31-47	8	160.48	
	17.20	9-1-47	4-30-50	32	550.40	17.20	9-1-47	4-30-51	44	756.80	206.40

REMARKS: Death benefit of \$362.47 paid under act of 1937 to be received as follows:
 \$240.72 by withholding annuity payments to thru 8-31-47
 \$121.75 by actuarial adjustment.

RRB Chicago

FORM NO. G-360 (9-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD DETERMINATION OF AWARD INSURANCE ANNUITY OR LUMP-SUM DEATH PAYMENT FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 18, 1950		1. ADMINISTRATIVE VOUCHER NO.		3. CLAIM NO. <div style="font-size: 1.2em; font-family: cursive;">WCD-51533</div>			
		2. <input checked="" type="checkbox"/> FINAL CERTIFICATION <input type="checkbox"/> SUBJECT TO RECERTIFICATION		4. DECEASED EMPLOYEE <div style="font-size: 1.2em; font-family: cursive;">JENTARO NEISHI</div>			
				5. EMPLOYEE'S S.S.A. NO. <div style="font-size: 1.2em; font-family: cursive;">712-07-9866</div>			
8. REQUIRED QUARTERS <div style="font-size: 1.5em; font-family: cursive;">9</div>	9. MILITARY SERVICE QUARTERS	12. EMPLOYEE DIED INSURED PARTIALLY COMPLETELY <div style="font-size: 1.5em; font-family: cursive;">X</div>		6. DATE OF BIRTH <div style="font-size: 1.5em; font-family: cursive;">1-10-82</div>	7. DATE OF DEATH <div style="font-size: 1.5em; font-family: cursive;">12-6-41</div>		
10. TOTAL QUARTERS <div style="font-size: 1.5em; font-family: cursive;">20</div>	11. CURRENT QUARTERS			13. QTRS. ANN. PAYABLE BEFORE AGE 65:			
14. TOTAL WAGES & COMPENSATION \$ <div style="font-size: 1.2em; font-family: cursive;">8952.06</div>	15. DIVISOR <div style="font-size: 1.5em; font-family: cursive;">57</div>	16. AVERAGE MO. REMUNERATION \$ <div style="font-size: 1.2em; font-family: cursive;">157.05</div>	17. INCREMENTS <div style="font-size: 1.5em; font-family: cursive;">5</div>	18. BASIC AMOUNT \$ <div style="font-size: 1.2em; font-family: cursive;">40.12</div>	19. 8 TIMES BASIC AMOUNT \$		
20. INSURED UNDER SECTION 5(i)(7)(iii) OF 1937 ACT, AS AMENDED <input type="checkbox"/> RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO ACCRUE BEFORE 1948 - MO. COMPENSATION \$ <input type="checkbox"/> PENSION PAYABLE AT DEATH - MONTHLY EARNINGS \$							
21. SYMBOL	RELATIONSHIP OF SURVIVOR	DATE OF BIRTH	DATE CLAIM FILED	ORIGINAL BENEFIT	ANY OTHER BENEFITS	ADJUSTED BENEFIT	RELATIVE'S ACCOUNT NUMBER (IF ANY)
C1	Daughter	5-13-33	3-27-47	\$ 20.06	\$ NONE	\$	NONE
C2	Daughter	10-19-30	"	20.06	"		517-30-6360
22. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE (a) INCREASE RESULTING FROM MILITARY SERVICE \$ (b) AMOUNT OF OTHER BENEFITS PAYABLE \$ (c) RATIO BY WHICH MILITARY SERVICE INCREASES QUARTERS OF COVERAGE % \$							
23. CHECK MAXIMUM PAYABLE: <input type="checkbox"/> \$20 <input type="checkbox"/> TWICE BASIC AMOUNT \$ <input type="checkbox"/> 80% AVERAGE REMUNERATION \$							
24. TOTAL REIMBURSABLE BURIAL EXPENSES ARE: \$		PAID AS FOLLOWS:			REMAINS UNPAID \$		
25. THE PAYEE NAMED BELOW IN THE CAPACITY SHOWN WAS APPOINTED BY (NAME OF COURT): ON , 19 . THIS IS IN FULL FORCE AND EFFECT.							
26. REMARKS: <div style="font-size: 1.2em; font-family: cursive;">C2 attained age 18 10-18-48. In receipt since 5-1-47.</div> <div style="font-size: 1.2em; font-family: cursive;">C1 attained age 18 5-12-51. Received 5-17-50.</div>							
27. CERTIFICATION OF PAYMENT FINAL PAYMENT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW			MONTHLY RATE OR SHARE	BEGINNING DATE	NET AMOUNT PAID	
MRS. C1	MIYUKI NEISHI, FOR USE OF KAZUKO NEISHI			\$ 17.20	1-1-47	\$ 206.40	
<div style="font-size: 1.5em; font-family: cursive; color: red;">(renewal)</div> <div style="font-size: 1.2em; font-weight: bold;">FOR INFORMATION ONLY</div> <div style="font-size: 1.2em; font-weight: bold;">DO NOT VOUCHER ON BASIS OF THIS FORM.</div>							
I, THE UNDERSIGNED DULY AUTHORIZED OFFICER, DO HEREBY CONSTITUTE THE STATEMENTS ON THIS FORM TO BE MY DECISION OF FACT AND LAW.							
<div style="font-size: 1.2em; font-family: cursive;">[Signature]</div> JUL 16 1951				SIGNATURE <div style="font-size: 1.2em; font-family: cursive;">[Signature]</div>			
EXAMINER <div style="font-size: 1.2em; font-family: cursive;">[Signature]</div>		I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED.					
COMPUTER <div style="font-size: 1.2em; font-family: cursive;">[Signature]</div>		DATE _____ 19 ____		SIGNATURE _____			
		AUTHORIZATION OFFICER					

FORM NO. G-360 (9-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD DETERMINATION OF AWARD INSURANCE ANNUITY OR LUMP-SUM DEATH PAYMENT FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 18, 1950		1. ADMINISTRATIVE VOUCHER NO. 2. <input checked="" type="checkbox"/> FINAL CERTIFICATION <input type="checkbox"/> SUBJECT TO RECERTIFICATION		3. CLAIM NO. WCD-51533 4. DECEASED EMPLOYEE JENTARO NEISHI 5. EMPLOYEE'S S.S.A. NO. 712-07-9866			
8. REQUIRED QUARTERS 9	9. MILITARY SERVICE QUARTERS	12. EMPLOYEE DIED INSURED PARTIALLY COMPLETELY <input checked="" type="checkbox"/>	6. DATE OF BIRTH 1-11-82	7. DATE OF DEATH 12-6-41	13. QTRS. ANN. PAYABLE BEFORE AGE 65:		
10. TOTAL QUARTERS 20	11. CURRENT QUARTERS	16. AVERAGE MO. REMUNERATION \$ 157.05	17. INCREMENTS 5	18. BASIC AMOUNT \$ 40.12	19. 8 TIMES BASIC AMOUNT \$		
14. TOTAL WAGES & COMPENSATION \$ 8952.06		15. DIVISOR 57	20. INSURED UNDER SECTION 5 (1) (7) (III) OF 1937 ACT, AS AMENDED <input type="checkbox"/> RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO ACCRUE BEFORE 1948 - MO. COMPENSATION \$ <input type="checkbox"/> PENSION PAYABLE AT DEATH - MONTHLY EARNINGS \$				
21. SYMBOL	RELATIONSHIP OF SURVIVOR	DATE OF BIRTH	DATE CLAIM FILED	ORIGINAL BENEFIT	ANY OTHER BENEFITS	ADJUSTED BENEFIT	RELATIVE'S ACCOUNT NUMBER (IF ANY)
C1	Daughter	5-13-33	3-27-47	\$ 20.06	\$ None	\$	None
C2	Daughter	10-19-30	"	20.06	"		517-30-6350
22. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE (a) INCREASE RESULTING FROM MILITARY SERVICE \$ (b) AMOUNT OF OTHER BENEFITS PAYABLE \$ (c) RATIO BY WHICH MILITARY SERVICE INCREASES QUARTERS OF COVERAGE % \$							
23. CHECK MAXIMUM PAYABLE: <input type="checkbox"/> \$20 <input type="checkbox"/> TWICE BASIC AMOUNT \$ <input type="checkbox"/> 80% AVERAGE REMUNERATION \$							
24. TOTAL REIMBURSABLE BURIAL EXPENSES ARE: \$		PAID AS FOLLOWS:			REMAINS UNPAID \$		
25. THE PAYEE NAMED BELOW IN THE CAPACITY SHOWN WAS APPOINTED BY (NAME OF COURT): ON , 19 . THIS IS IN FULL FORCE AND EFFECT.							
26. REMARKS: Claimant age 18 10-18-48. In receipt since 5-1-47. Claimant age 18 5-12-51. Received 5-17-50.							
27. CERTIFICATION OF PAYMENT				FINAL PAYMENT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW			MONTHLY RATE OR SHARE	BEGINNING DATE	NET AMOUNT PAID	
MRS. C1	Miyuki Neishi, Full wife of KAZUKA NEISHI (Daughter)			\$ 17.20	1-1-47	\$ 206.40	
EXAMINER <i>[Signature]</i> COMPUTER <i>[Signature]</i>	I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED. DATE _____ 19____. SIGNATURE _____ AUTHORIZATION OFFICER						

Amst 6-23 *MB 7-5*

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

JUN 8 1951

Mrs. Miyuki Neishi
141 West Helena Street
Dillon, Montana

In reply refer to
R.R.B. No. D-51533
Jentaro Neishi
(Deceased)

Dear Madam:

We have your recent letter in which you state Kazuko was married May seventeenth. Please let us know the year in which she was married. This information is necessary in order that we may ascertain if erroneous payment of her annuity has been made.

Your prompt reply will be appreciated.

Very truly yours,

A. R. Wells

A. R. Wells
Director of Retirement Claims

Mr. A. R. Wells:

Re-above: My daughter Kazuko, was married May 17th 1950.

Very truly yours,

Miyuki Neishi

141 West Helena Street
Dillon, Montana

JUN 8 1951

Mrs. Miyuki Neishi
141 West Helena Street
Dillon, Montana

In reply refer to
R.R.B. No. D-51533
Jentaro Neishi
(Deceased)

Dear Madam:

We have your recent letter in which you state Kazuko was married May seventeenth. Please let us know the year in which she was married. This information is necessary in order that we may ascertain if erroneous payment of her annuity has been made.

Your prompt reply will be appreciated.

Very truly yours,

A. R. Wells
Director of Retirement Claims

E. J. Lang
E. J. Lang
June 8, 1951

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

Mrs. Miyuki Neishi
141 West Helena Street
Dillon, Montana

MAY 8 1951

In reply refer to
R.R.B. No. D-51533

Dear Madam:

We have been informed that Kazuko Neishi, who has been receiving a child's insurance annuity under the Railroad Retirement Act by reason of the death of Jentaro Neishi, has married.

A child's right to receive a child's insurance annuity ends with the month before the month in which the child, among other conditions, marries. Therefore, please let us know the exact date on which she was married, in order that we may ascertain the months in which her annuity was not payable.

It appears that the check for April, which you will receive the first part of May, is not payable, because of her marriage and that check should be returned promptly to the Treasury Department, Division of Disbursement, Merchandise Mart, Chicago 54, Illinois.

Very truly yours,

A. R. Wells

A. R. Wells
Director of Retirement Claims

Note
She was married May 17th
I have already cashed the check for
April - so shall I mail you
an money order for the amount
or has the payment been stopped on the
check. Please let me know. M. Neishi

ATTAINED AGE EIGHTEEN
MAY - - 1951

IBM 5081

Mrs. Miyuki Neishi
141 West Helena Street
Dillon, Montana

MAY 8 1951

In reply refer to
R.R.B. No. D-51533

Dear Madam:

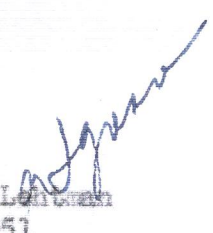
We have been informed that Kazuko Neishi, who has been receiving a child's insurance annuity under the Railroad Retirement Act by reason of the death of Jentaro Neishi, has married.

A child's right to receive a child's insurance annuity ends with the month before the month in which the child among other conditions marries. Therefore, please let us know the exact date on which she was married, in order that we may ascertain the months in which her annuity was not payable.

It appears that the check for April, which you will receive the first part of May, is not payable, because of her marriage and that check should be returned promptly to the Treasury Department, Division of Disbursement, Merchandise Mart, Chicago 54, Illinois.

Very truly yours,

A. R. Wells
Director of Retirement Claims


Eignace H. Lefebvre
May 4, 1951

Mrs. William Farley
777 Barnett Avenue
Dillon, Montana

MAY 8 1951

In reply refer to
R.R.B. No. D-51533

Dear Madam:

We have your recent letter.

Your right to receive a child's insurance annuity ended with the month before the month in which you married.

Will you please write us again and give us the exact date on which you married, in order that we may ascertain the months in which your annuity was not payable.

Your prompt reply will be appreciated.

Very truly yours,

A. R. Wells
Director of Retirement Claims


Elgnace: Nantman
May 4, 1951

Railroad Retirement Board
Chicago, Illinois

551537

Dear Sir:

Would you please investigate the matter of my getting a monthly allowance every month until I am eighteen years of age. I have not received any since June 1950.

I am the youngest daughter of Jenters Heishi and my name is Kazuko. I am married now but would like to know if I could get those back checks and if so, could I have them sent to me instead of my mother Mrs. Jenters (Miyukie) Heishi. I would appreciate prompt action. Thank you.

Sincerely

Mrs. Wm. Farley.

Mrs. Wm. Farley
777 Barnett Ave
Dillon, Montana

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

AWARD OF INSURANCE ANNUITY OR LUMP-SUM DEATH BENEFIT

FORM PRESCRIBED BY COMPTROLLER GENERAL, U.S.

DECEMBER 10, 1946

1. EMPLOYEE'S S.S.A. NO.

712-07-9866

2. CLAIM NO.

WCD 51533

3. BENEFICIARY'S S.S.A. NO.
(IF ANY)

517-30-6380

4.

☒ FINAL CERTIFICATION☐ SUBJECT TO RECERTIFICATION5. NAME OF PAYEE *Mrs. Miyuki
Neishi, for the use of
Yukiko Neishi*

6. ADDRESS OF PAYEE

*141 W. Helena St.
Dillon, Mont.*

7. ADMINISTRATIVE VOUCHER NO.

DATE

9. DEATH OF EMPLOYEE

12-6-41

12. BIRTH OF EMPLOYEE

1-10-82

13. BIRTH OF BENEFICIARY

10-19-30

8. RELATIONSHIP TO DECEASED EMPLOYEE

daughter of

10. NAME OF DECEASED EMPLOYEE

Jentaro Neishi

11. DATE CLAIM FILED

*3-27-47*14. REQUIRED
QUARTERS*9*15a. TOTAL QUARTERS OF
COVERAGE*20*15b. CURRENT QUARTERS OF
COVERAGE*0*16. QUARTERS OF COVERAGE RE-
SULTING FROM MILITARY SERVICE17. CALENDAR QUARTERS DURING WHICH ANNUITY WAS
PAYABLE PRIOR TO QUARTER IN WHICH AGE 65 WAS
ATTAINED*0*

18. TOTAL WAGES AND COMPENSATION

\$ 8952.06

19. DIVISOR

57

20. AVERAGE MONTHLY REMUNERATION

\$ 15705

21. INCREMENT YEARS

*5*22. BASIC AMOUNT \$ *40.12*IF \$10.00 MINIMUM APPLIES, CHECK ☐23. LUMP-SUM BENEFIT (8 TIMES BASIC
AMOUNT)

24. EMPLOYEE DIED:

- ☒ (a) COMPLETELY INSURED ON THE BASIS OF HIS QUARTERS OF COVERAGE AFTER 1936 AND A CURRENT CONNECTION
☐ (b) PARTIALLY INSURED ON THE BASIS OF HIS QUARTERS OF COVERAGE AFTER 1936 AND A CURRENT CONNECTION
☐ (c) COMPLETELY INSURED BECAUSE A RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO
ACCRUE TO HIM BEFORE 1948

AMOUNT OF MONTHLY COMPENSATION \$ _____ AND BASIC AMOUNT \$ _____

- ☐ (d) COMPLETELY INSURED BECAUSE HE WAS RECEIVING A PENSION AT DEATH

AMOUNT OF AVERAGE MONTHLY EARNINGS \$ _____ AND BASIC AMOUNT \$ _____

28(a). CHECK MAXIMUM
TO BE USED☐ \$20.00TWICE THE BASIC
AMOUNT☐ \$ _____
80% OF AVERAGE
REMUNERATION☐ \$ _____

25. ORIGINAL BENEFIT:

\$ *20.06*

26. ANY OTHER BENEFITS

\$ *none*

27. ADJUSTED BENEFITS

\$ _____

28(b). MAXIMUM PAYABLE

\$ _____

29. IF \$10.00 MINIMUM IS APPLICABLE, CHECK ☐

30. NUMBER OF AWARDS PREVIOUSLY APPROVED AND TOTAL AMOUNT

31. REDUCTION BY REASON OF PERIODIC GRATUITOUS BENEFITS PAYABLE UNDER ANY OTHER ACT OF CONGRESS:

(a) AMOUNT OF INCREASE RESULTING FROM INCLUSION OF MILITARY SERVICE

\$ _____

(b) AGGREGATE AMOUNT OF OTHER BENEFITS PAYABLE

\$ _____

(c) RATIO BY WHICH MILITARY SERVICE INCREASES THE QUARTERS OF COVERAGE %

\$ _____

32(a). TOTAL REIMBURSABLE BURIAL

EXPENSES ARE: \$ _____

32(b). PAID AS FOLLOWS:

32(c). BALANCE UNPAID

33. THE PAYEE NAMED ABOVE IN THE CAPACITY SHOWN WAS APPOINTED BY (NAME OF COURT):

ON

, 19

THIS IS IN FULL FORCE AND EFFECT.

34. REMARKS:

*One payment
Daughter has been working since 5-1-47, widow since 1-1-47.*

35. PAYABLE BY THIS CERTIFICATION

\$ *20.06*

1-1-47

4-30-47

4.

\$

80.24

36. LESS PREVIOUS PAYMENTS

\$

\$

PREVIOUS D.O. VOUCHER NUMBER:

38.

NET
AMOUNT
NOW
PAYABLE

37. ADJUSTMENTS

*Death benefit paid under RRA of 1937 to be recovered as follows:**\$ 80.24 by withholding annuity payments thru 8-31-47.**\$ by actuarial adjustment.*

\$

\$

ADJUDICATOR

L. West

COMPUTER

*Michalowski*I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, DULY AUTHORIZED UNDER SEC. 10(b) 5 OF THE
RAILROAD RETIREMENT ACT OF 1937 TO MAKE DECISIONS ON APPLICATIONS FOR ANNUITIES, DO HEREBY PRONOUNCE
THE FOREGOING STATEMENTS AS MY DECISION OF FACT AND LAW, AND FIND THAT THE PAYEE IS ENTITLED TO THE
AMOUNTS AS SHOWN IN ITEMS 25 OR 27 AND 38.DATE *AUG 24 1948*, 19

SIGNATURE

AUTHORIZATION OFFICER

8/31/48

FORM NO. G-360
(12-6)UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

AWARD OF INSURANCE ANNUITY OR LUMP-SUM DEATH BENEFIT

FORM PRESCRIBED BY COMPTROLLER GENERAL, U.S.

DECEMBER 10, 1946

1. EMPLOYEE'S S.S.A. NO.

712-07-9866

2. CLAIM NO.

WCD 51533

3. BENEFICIARY'S S.S.A. NO.
(IF ANY)

517-30-6380

4. ☒ FINAL CERTIFICATION
☐ SUBJECT TO RECERTIFICATION5. NAME OF PAYEE Mrs. Miyuki
Neishi for the use of
Yukiko Neishi

6. ADDRESS OF PAYEE

141 W. Helena St.
Dillon, Mont.

7. ADMINISTRATIVE VOUCHER NO.

DATE

9. DEATH OF EMPLOYEE

12-6-41

12. BIRTH OF EMPLOYEE

1-10-82

13. BIRTH OF BENEFICIARY

10-19-30

8. RELATIONSHIP TO DECEASED EMPLOYEE

daughter of

10. NAME OF DECEASED EMPLOYEE

Jentaro Neishi

11. DATE CLAIM FILED

3-27-47

14. REQUIRED
QUARTERS

9

15a. TOTAL QUARTERS OF
COVERAGE

20

15b. CURRENT QUARTERS OF
COVERAGE16. QUARTERS OF COVERAGE RE-
SULTING FROM MILITARY SERVICE

0

17. CALENDAR QUARTERS DURING WHICH ANNUITY WAS
PAYABLE PRIOR TO QUARTER IN WHICH AGE 65 WAS
ATTAINED

0

18. TOTAL WAGES AND COMPENSATION

\$ 8952.06

19. DIVISOR

57

20. AVERAGE MONTHLY REMUNERATION

\$ 157.05

21. INCREMENT YEARS

5

22. BASIC AMOUNT \$ 40.12

IF \$10.00 MINIMUM APPLIES, CHECK ☐23. LUMP-SUM BENEFIT (8 TIMES BASIC
AMOUNT)

24. EMPLOYEE DIED:

- ☒
- (a) COMPLETELY INSURED ON THE BASIS OF HIS QUARTERS OF COVERAGE AFTER 1936 AND A CURRENT CONNECTION
-
- ☐
- (b) PARTIALLY INSURED ON THE BASIS OF HIS QUARTERS OF COVERAGE AFTER 1936 AND A CURRENT CONNECTION
-
- ☐
- (c) COMPLETELY INSURED BECAUSE A RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO
-
- ACCRUE TO HIM BEFORE 1948

AMOUNT OF MONTHLY COMPENSATION \$ AND BASIC AMOUNT \$

- ☐
- (d) COMPLETELY INSURED BECAUSE HE WAS RECEIVING A PENSION AT DEATH

AMOUNT OF AVERAGE MONTHLY EARNINGS \$ AND BASIC AMOUNT \$

28(a). CHECK MAXIMUM
TO BE USED☐ \$20.00TWICE THE BASIC
AMOUNT☐ \$
80% OF AVERAGE
REMUNERATION☐ \$

25. ORIGINAL BENEFIT:

\$ 20.06

26. ANY OTHER BENEFITS

\$ none

27. ADJUSTED BENEFITS

\$

28(b). MAXIMUM PAYABLE

\$

29. IF \$10.00 MINIMUM IS APPLICABLE, CHECK ☐

30. NUMBER OF AWARDS PREVIOUSLY APPROVED AND TOTAL AMOUNT

31. REDUCTION BY REASON OF PERIODIC GRATUITOUS BENEFITS PAYABLE UNDER ANY OTHER ACT OF CONGRESS:

(a) AMOUNT OF INCREASE RESULTING FROM INCLUSION OF MILITARY SERVICE

\$

(b) AGGREGATE AMOUNT OF OTHER BENEFITS PAYABLE

\$

(c) RATIO BY WHICH MILITARY SERVICE INCREASES THE QUARTERS OF COVERAGE %

\$

32(a). TOTAL REIMBURSABLE BURIAL

EXPENSES ARE: \$

32(b). PAID AS FOLLOWS:

32(c). BALANCE UNPAID

33. THE PAYEE NAMED ABOVE IN THE CAPACITY SHOWN WAS APPOINTED BY (NAME OF COURT):

ON

, 19

THIS IS IN FULL FORCE AND EFFECT.

34. REMARKS: One payment
Daughter has been working since 5-1-47, widow since 1-1-47.

	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	38. NET AMOUNT NOW PAYABLE
35. PAYABLE BY THIS CERTIFICATION	\$ 20.06	1-1-47	4-30-47	4	\$ 80.24	
36. LESS PREVIOUS PAYMENTS	\$				\$	
36. PREVIOUS D.O. VOUCHER NUMBER:						
37. ADJUSTMENTS	Death benefit paid under RRA of 1937 to be recovered as follows: \$ 24 by withholding annuity payments thru 8-31-47. \$ by actuarial adjustment.				\$	\$ 0

ADJUDICATOR

L. West

COMPUTER

N. B. West

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, DULY AUTHORIZED UNDER SEC. 10(b) 5 OF THE
RAILROAD RETIREMENT ACT OF 1937 TO MAKE DECISIONS ON APPLICATIONS FOR ANNUITIES, DO HEREBY PRONOUNCE
THE FOREGOING STATEMENTS AS MY DECISION OF FACT AND LAW, AND FIND THAT THE PAYEE IS ENTITLED TO THE
AMOUNTS AS SHOWN IN ITEMS 25 OR 27 AND 38.

DATE AUG 24 1948, 19

SIGNATURE

AUTHORIZATION OFFICER

AUG 25 1948
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

844 RUSH STREET
CHICAGO 11, ILLINOIS

CONDITIONS UNDER WHICH BENEFITS ARE NOT PAYABLE

BUREAU OF RETIREMENT CLAIMS

Mrs. Miyuki Neishi
141 West Helena Street
Dillon, Montana

In reply refer to
R.R.B. No. **D-51533**
Name of Deceased Employee
Jentaro Neishi

Dear Madam:

Each child listed below has been found to be entitled to a child's insurance annuity under section 5 of the Railroad Retirement Act of 1937 in the amount shown in the column headed "Regular Monthly Benefit:"

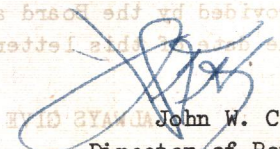
Name of Child	Regular Monthly Benefit	Adjusted Monthly Benefit
Kazuko Neishi	\$20.06	\$17.20

The first month of entitlement to benefits is **January 1, 1947**; however, payment for that month and for all later months through August 1947 have been withheld as partial recovery of the death benefit of \$ **362.47** which was previously paid with respect to the death of the above-named employee. The balance of the previous benefit will be recovered by reducing the rate of each child's regular monthly benefit to the amount shown in the column headed "Adjusted Monthly Benefit." The first check(s) you will receive will cover the amount(s) due at the reduced rate(s) for the month(s) of **September 1, 1947** thru August 31, 1948.

Please refer to the other side of this letter for the conditions under which these benefits are not payable and for other important information.

If any questions arise concerning these benefits, you may write to this office or, if convenient, call at any of the field offices shown on the enclosed list.

Very truly yours,


John W. Callender
Director of Retirement Claims

Enclosure
T-83

CONDITIONS UNDER WHICH THESE ANNUITIES ARE NOT PAYABLE

An insurance annuity is not payable on behalf of a child for any month in which the child

- (1) earns wages of \$25.00 or more in employment covered by the Social Security Act; or
- (2) performs compensated service for a railroad or other employer covered by the Railroad Retirement Act, regardless of the amount earned; or
- (3) if 16 or 17 years of age, does not attend school regularly and attendance is feasible.

A child's right to receive an insurance annuity ends with the month preceding the month in which the child attains 18 years of age, or marries, or is adopted, or dies.

THE RAILROAD RETIREMENT BOARD MUST BE NOTIFIED
PROMPTLY IF ANY OF THE ABOVE EVENTS OCCURS

If you receive an annuity check on behalf of a child for any month in which any of the above events occurs, you should return the check to the

Treasury Department, Division of Disbursement
Merchandise Mart
Chicago 54, Illinois

MAILING OF CHECKS

Payments will be mailed to you by the Treasury Department. Within a few days you should receive the first check of each child on whose behalf you are to receive payment. The second check(s) will be mailed to reach you approximately six weeks after the close of the period covered by the first check(s), and will cover payment for the month immediately preceding the month in which received. Thereafter, monthly checks will be mailed to reach you by the fifth of each month and will cover payment for the preceding month. Nonreceipt of a check should be reported to the Railroad Retirement Board. Since nonreceipt may be due to an unavoidable delay in mailing, please wait until the twentieth of the month to make such a report.

GUARDIANSHIP

Notify the Railroad Retirement Board promptly if your guardianship is terminated, or if any child on whose behalf you are receiving benefits is no longer in your care and custody.

CHANGE OF ADDRESS

You should immediately notify the Railroad Retirement Board if you change your address. The notice should show your old address and the new address and should be signed by you personally in the same manner in which you signed the application.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he believes that the decision on his claim is not in accordance with the law and facts. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

ALWAYS GIVE CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

DILLON MONT, JUNE 19TH 1948.

JOHN W CALLENDER-
DIRECTOR CLAIMS
RETIREMENT BOARD.
CHICAGO ILL

DEAR SIR,-

REFERENCE YOUR LETTER JUNE 10TH, MYSELF AND
DAUGHTER- KUKIKO HAVE BEEN WORKING AND MAKING OVER \$25.00
PER MONTH, BUT THE DAUGHTER I AM ASKING AID FOR IS, MY BABY
DAUGHTER, KAZUKO, WHO HAS NOT EARNED MONEY.

MRS MIYUKI NEISHI

Miyuki Neishi

JUN 10 1948

Mrs. Miyuki Neishi
141 West Helena Street
Dillon, Montana

In reply refer to
R.R.B. No. D-51533

Dear Madam:

Receipt is acknowledged of your letter in which you furnished the social security account number of Yukiko Neishi.


Your application which was filed in March 1947 states that you were working for wages of over \$25.00 a month in employment covered by the Social Security Act. Please advise if you have worked continuously since that time earning over \$25.00 a month.

In November 1947 you informed us that your daughter, Yukiko Neishi, worked after school and earned over \$25.00 a month for the months of April through October. Would you advise if she earned \$25.00 or more a month from October to the present time. If not, give the name of the months and the amount of wages in each month in which her earnings were less than \$25.00.

It will also be necessary for you to furnish a statement as to whether social security deductions were being made from her salary by her employer.

Your prompt reply to this letter will expedite the handling of your claim.

Very truly yours,



John W. Callender
Director of Retirement Claims

ECMoran:HBaran
June 7, 1948

Dillon, Mont.
April 22, 1948.

Mr. John W. Callender.
Director of Retirement Claims.
Chicago, Ill.

Yukiko Neishi Social Security.
Number 517-30-6380
File R.R.B. No. D-51533

Replying to your letter of December 8th, Wish
to advise I mailed you a letter advising the social Security number
at the time the other letter went forward.

I am attaching hereto the social security number
of Yukiko Neishi as requested and trust you can handle at this
time.

Yukiko Neishi

RECEIVED
APR 27 1948
SURVIVORS CLAIMS

RECEIVED
APR 28 1948
U.S. SOCIAL SECURITY ADMINISTRATION
WASHINGTON, D.C.

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

APR 15 1948

Mrs. Miyuki Neishi
141 West Helena Street
Dillon, Montana

In reply refer to
R.R.B. No. D-51533

Dear Madam:

No further action will be taken on
your claim and no payment can be made until
the evidence requested in our letter of
December 1, 1947 has been received.

It is suggested, therefore, that
you give this matter your immediate attention.

Yours very truly,

John W. Callender
Director of Retirement Claims

LELougee:GMSchwartz
April 14, 1948 *Jan*

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

844 RUSH STREET

CHICAGO 11, ILLINOIS

DEC 8 1947

BUREAU OF RETIREMENT CLAIMS

MRS. MIYUKI NEISHI
141 W. HERENA STREET
DILLON, MONTANA

In reply refer to
R.R.B. No. D-51533

Dear MADAM:

You may be entitled to benefits under the Railroad Retirement Act by reason of the death of JENARO NEISHI

Before a final determination may be made with respect to your right to benefits, you must furnish the following document(s):

We received the answer to our letter on November 4, 1947 but cannot proceed with this case until your informant is whether or not Jenaro had a Social Security number and whether or not he was ever employed as covered by Social Security. Please furnish us with these facts as possible.

The instructions printed on the back of this letter are for the purpose of aiding you in furnishing the document(s) listed above. ANY DOCUMENT DESCRIBED ON THE BACK OF THIS LETTER THAT IS NOT LISTED ABOVE SHOULD NOT BE FURNISHED. Please follow the instructions carefully so that your claim may be handled without delay.

If any questions arise concerning your claim, you may write to this office or, if convenient, call at one of the field offices shown on the enclosed list. If you call at a field office, please take this letter with you.

Yours very truly,

John W. Callender

Director of Retirement Claims

Enclosure

RL 53 and RL 54
sent to widow for
proof of age of her
husband and 1st
question on RL 54 also
if school district is
covered by SSA.

12/11/47

DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

1. DATE

12/18/47

2. S.S.A. OR CLAIM NUMBER

D-51533

3. FILE NAME OF EMPLOYEE

SENTARO NEISHI

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT

Birth Certificate

5. ON OFFICIAL STATIONERY? ☐ YES ☐ NO
SEAL USED? ☐ YES ☐ NO

6. DATE RECORD MADE

3-7-47

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

State of Montana

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS
APPEARING ON DOCUMENT

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

	EMPLOYEE	SURVIVOR
10. NAME		Yukiko Neishi
11. AGE OR DATE OF BIRTH		10-19-30
12. PLACE OF BIRTH		Dillon, Montana
13. NAME OF FATHER		Sentarō Neishi
14. MOTHER'S MAIDEN NAME		Miyuki Neishi
15. DATE OF DEATH		
16. MARRIAGE	DATE	PLACE
		Dillon, Montana

17. OTHER PERTINENT INFORMATION:

UNIT OR FIELD OFFICE

SIGNATURE AND TITLE

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF:

☐ EMPLOYEE
☒ SURVIVOR☐ MARRIAGE☐ DEATH☐ RELATIONSHIP OF SURVIVOR
RELATIONSHIP Child

UNIT

Refutation

SIGNATURE AND TITLE

L. Mulhearn Claim Examiner



RAILWAY EXPRESS AGENCY

INCORPORATED



John W. Callender.
Chicago, Ill.

[Signature]
Dillon, Mont.
Dec. 8, 1947.

da
251533

Benefits-- Mrs. Miyuki Neishi. Dillon, Mont.

Replying to your letter of December 1st regarding the benefits for the above party. Wish to advise Yukiko Neishi is employed after school hours at the law office of attorney Collins, her social security number is **717-30-6380** and listed under the name of Jeanie Neishi.

I am attaching hereto birth certificate and will appreciate your returning same when you have finished with it.

Miyuki Neishi



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

844 RUSH STREET
CHICAGO 11, ILLINOIS

NOV 4 1947

BUREAU OF RETIREMENT CLAIMS

MRS. MIYU KI NEISHI,
141 W. HERENA STREET
DILKON, MONA NA

In reply refer to
R.R.B. No. D-51533

Dear MADAM:

You may be entitled to benefits under the Railroad Retirement Act by reason of the death of SENJARO NEISHI

Before a final determination may be made with respect to your right to benefits, you must furnish the following document(s):

In answer to our letter of recent date you stated that your daughter Yukiko Senari was working for \$54.64 a month. However, you had not state what months she worked. Please fill in the amounts after the month in which she worked making over \$25.00.

January	February	March	April	May	June	July	August	September	October	November	December
						\$12	\$12	\$12	\$12	\$12	\$12

We are returning your documents under separate cover.

The instructions printed on the back of this letter are for the purpose of aiding you in furnishing the document(s) listed above. ANY DOCUMENT DESCRIBED ON THE BACK OF THIS LETTER THAT IS NOT LISTED ABOVE SHOULD NOT BE FURNISHED. Please follow the instructions carefully so that your claim may be handled without delay.

If any questions arise concerning your claim, you may write to this office or, if convenient, call at one of the field offices shown on the enclosed list. If you call at a field office, please take this letter with you.

Yours very truly,

John W. Callender
Director of Retirement Claims

Enclosure
T-83

Jentaro .

Jentaro Neishi, Deceased
Dillon, Montana

D-51533

Widow-

Miyuki Kanda Neishi
141 West Helena Street
Dillon, Montana

*Please
return to Applicant*

Also 2 children- Yukiko Neishi born Oct. 19, 1930
Kazuko Neishi born May 13, 1933

Certified Family Record-Recitation of the history of the
family of Jentaro Neishi as appeared on the records of
Hiroshim Ken (which corresponds to a state)

Proof of Age or

Proof of Marriage of Miyuki and Jentaro Neishi

*D-53 sent to
Widow for Daughter
Yukiko Neishi.
Social Security number.
12/5/47
gm*

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, II, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

NOV 28 1947

REGISTERED

Mrs. Miyuki Neishi
141 West Helena Street
Dillon, Montana

In reply refer to
R.R.B. No. D-51533

Dear Madam:

The documentary evidence listed below, which was submitted by
you, is returned herewith
~~under separate cover~~:

Documents

Yours very truly,

J. Mulhearn

John W. Callender
Director of Retirement Claims

Enclosures
Documents

LMulhearn:HHenderson
November 25, 1947

53 sent to
Widow Jan Oughter
Yukiko Neishi
Social Security number
12/5/47
gm

Jentaro Neishi D-51533
Dillon, Montana

Widow-
Miyuki Neishi
Dillon, Montana

Certified Statement of Birth
for Yukiko Neishi
Prove age and relationship

STATEMENT OF BIRTH
County, Montana

Ex-Officio Registrar of Vital Statistics and, as such, the
County Clerk of the foregoing County, do hereby
certify that the foregoing is a true and correct copy of the
certificate bearing Registrar's Number 89 and

Yellow a Female
Race or Color Sex
Dillon
at City or Town, Montana
and a native of Japan
Occupation Housewife and a native of Japan
State or Country
as reported by W. H. Stephan on Nov. 2, 1930
Physician or Midwife Date Filed
to F. M. Poindexter of Dillon, Montana
Registrar Address

REMARKS:

I further certify and declare the above to be a true and correct copy of the information con-
tained in the Duplicate
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal of my
Office this 7th day of March 1947.

C. W. BUCKINGHAM
County Clerk and Ex-Officio Registrar
of Vital Statistics
Beaverhead County, State of Montana
By Margaret Thompson Deputy

Approved as to form on March 28, 1942, in accordance
with the provisions of Chapter 52 of the 27th Legislative
Assembly, 1941 Session Laws, by the State Board of
Health.

CERTIFIED STATEMENT OF BIRTH

Beaverhead County, Montana

STATE OF MONTANA, }
County of Beaverhead } ss.

I, the undersigned County Clerk and Ex-Officio Registrar of Vital Statistics and, as such, the official custodian of the records of births and deaths in and for the foregoing County, do hereby certify and declare that, according to a Birth Certificate bearing Registrar's Number 89 and File Number 2838, on file in my Office:

Yukiko Neishi Yellow a Female
Name of Child Race or Color Sex
was born on Oct. 19th, 1930 at Dillon, Montana
Date of Birth City or Town
to Jentaro Neishi a Laborer on R. R. and a native of Japan
Name of Father Occupation State or Country
and Miyuki Neishi a Housewife and a native of Japan
Maiden Name of Mother Occupation State or Country
as reported by W. H. Stephan on Nov. 2, 1930
Physician or Midwife Date Filed
to F. M. Poindexter of Dillon, Montana
Registrar Address

REMARKS:

I further certify and declare the above to be a true and correct copy of the information contained in the Duplicate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal of my Office this 7th day of March, 1947.

C. W. BUCKINGHAM

Approved as to form on March 28, 1942, in accordance with the provisions of Chapter 52 of the 27th Legislative Assembly, 1941 Session Laws, by the State Board of Health.

County Clerk and Ex-Officio Registrar
of Vital Statistics
Beaverhead County, State of Montana
By Margaret Thompson Deputy

CERTIFIED STATEMENT OF BIRTH

Beaverhead County, Montana

Widow- F. MONTANA, }
 of Beaverhead } ss.

I, the undersigned County Clerk and Ex-Officio Registrar of Vital Statistics and, as such, the official custodian of the records of births and deaths in and for the foregoing County, do hereby certify and declare that, according to a Birth Certificate bearing Registrar's Number 89 and File Number 2838 on file in my Office:

Name of Child Yukiko Neishi Race or Color Yellow a Female Sex
 was born on Oct. 19th, 1930 at Dillon, Montana
 Date of Birth Oct. 19th, 1930 City or Town Dillon
 to Jentaro Neishi a Laborer on R. R. and a native of Japan State or Country
 Name of Father Jentaro Neishi Occupation Laborer on R. R. State or Country
 and Miyuki Neishi a Housewife and a native of Japan State or Country
 Maiden Name of Mother Miyuki Neishi Occupation Housewife State or Country
 as reported by W. H. Stephan on Nov. 2, 1930 Date Filed
 to F. M. Poindexter of Dillon, Montana Address
 Registrar

REMARKS:

I further certify and declare the above to be a true and correct copy of the information contained in the Duplicate

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal of my Office this 7th day of March 19 47

C. W. BUCKINGHAM

Approved as to form on March 28, 1942, in accordance with the provisions of Chapter 52 of the 27th Legislative Assembly, 1941 Session Laws, by the State Board of Health.

County Clerk and Ex-Officio Registrar
 of Vital Statistics
 Beaverhead County, State of Montana

By Margaret Thompson Deputy

CERTIFIED STATEMENT OF BIRTH

Beaverhead County, Montana

Widow of MONTANA,
 of Beaverhead

ss.

I, the undersigned County Clerk and Ex-Officio Registrar of Vital Statistics and, as such, the official custodian of the records of births and deaths in and for the foregoing County, do hereby certify and declare that, according to a Birth Certificate bearing Registrar's Number 89 and File Number 2838 on file in my Office:

Name of Child Yukiko Neishi Race or Color Yellow Sex Female
 was born on Oct. 19th, 1930 at Dillon, Montana
 Date of Birth City or Town
 to Jentaro Neishi a Laborer on R.R. and a native of Japan
 Name of Father Occupation State or Country
 and Miyuki Neishi a Housewife and a native of Japan
 Maiden Name of Mother Occupation State or Country
 as reported by W. H. Stephan on Nov. 2, 1930
 Physician or Midwife Date Filed
 to F. M. Poindexter of Dillon, Montana
 Registrar Address

REMARKS:

I further certify and declare the above to be a true and correct copy of the information contained in the Duplicate Birth Certificate numbered and filed in my Office as above set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal of my Office this 7th day of March 19 47.

C. W. BUCKINGHAM

Approved as to form on March 28, 1942, in accordance with the provisions of Chapter 52 of the 27th Legislative Assembly, 1941 Session Laws, by the State Board of Health.

County Clerk and Ex-Officio Registrar
 of Vital Statistics
 Beaverhead County, State of Montana

By Margaret Thompson Deputy

United States of America
RAILROAD RETIREMENT BOARD
844 Rush Street
Chicago 11, Illinois

NY-54
(9-7)

Bureau of Retirement Claims

SEP 16 1947

MRS. MIYUKI NEISHI
141 W. HELENA ST.
DILLON MONTANA

D 51533

Dear MADAM:

Before payment of insurance annuities under the Railroad Retirement Act may begin in your case, it is necessary that you furnish the Railroad Retirement Board the information requested in the question(s) checked (x) below:

☐ Since you filed your application, have you (1) remarried, or (2) worked for pay for any employer covered by the Railroad Retirement Act, or (3) worked for wages of \$25 or more a month from which deductions for Social Security tax were made? If you have remarried, give the date of your marriage. If the answer to either part (2) or (3) is "yes", advise the name of the company, the period worked, and the amount earned each month.

☒ Since application was filed in his (her) behalf, has any child for whom you claimed benefits (1) married, or (2) been adopted, or (3) died, or (4) worked for pay for any employer covered by the Railroad Retirement Act, or (5) worked for wages of \$25 or more a month from which deductions for Social Security tax were made? If any such child has married, been adopted, or died, give the name of the child and the date of the marriage, adoption or death. If the answer to either part (4) or (5) is "yes", advise the name of the child, the name of the company, the period worked, and the amount earned each month.

Mr. Collins is a lawyer here working as secretary after school.
John COLLINS - 19 hrs wklly. \$54.64 each month, total - This amount is her personal expense only.
S. Yukiko Neishi - working for

☒ Since application was filed in his (her) behalf, has any child whose name is shown below failed to attend school regularly?

YUKIKO NEISHI attended school regularly

If so, give the period during which school attendance was not regular, and the reason.

Answer only those questions which have been checked. If the answers to all such questions are "no", your statement to that effect will be sufficient. If the answer to any part of a question which has been checked is "yes", please reply fully, giving all of the facts requested.

Very truly yours,

John W. Callender

John W. Callender
Director of Retirement Claims

DEPARTMENT OF STATE
CENTRAL TRANSLATING DIVISION

[TRANSLATION]

TC NO. 41957
T-22
Japanese

Translation of parts of the copies of the
Census Register.

Zentaro NEISHI

Born: January 10, 1882
Relation: Father, Senzo Neishi; Mother, Tome Neishi.
Married to: Miyuki Kanda May 25, 1922.
Third Daughter: Yukiko Neishi born October 19, 1930.
Fourth Daughter: Kazuko Neishi born May 13, 1933.

I hereby certify that the above has been compared
with the original census record and that it is free from
error.

Wakamizu Fujita
Mayor of Hiroshima City.

Dated: May 9, 1940

July 15, 1947

REGISTERED MAIL

Mr. Guillermo A. Suro, Chief
Central Translating Division
Department of State
Walker-Johnson Building
1734 New York Avenue, Northwest
Washington, D. C.

In reply refer to
R.R.B. No. D51533

Dear Sir:

During May and June, 1947, several documents we submitted for translation were returned by the Department of State with the notation that you would be unable to assist us with translations for the remainder of that fiscal year.

However, in view of the fact that a new fiscal year has now begun, we should like to know whether or not you can again perform translations for us. In case this is once more possible we are enclosing for translation a Japanese document submitted in connection with the case of Jentaro Neishi.

This document has been submitted as evidence of the marriage between Miyuki Kanda and Jentaro Neishi and as proof of the age of the former. We understand that the document also shows the age or date of birth of the two children: Yukiko Neishi and Kazuko Neishi.

The information contained in the document may be transcribed on Form G-91 which is enclosed.

Very truly yours,

John W. Callender
Director of Retirement Claims

Enclosures (2)

F. Lerner
FL



DEPARTMENT OF STATE
WASHINGTON

June 9, 1947

In reply refer to
TC

My dear Mr. Callender:

The Department regrets that it is unable to assist you by translating the documents transmitted with your letters of May 28 (Nos. D49735, A319232 and A322688) and May 29, 1947 (No. H44528).

In the past, the Department of State has acted as a center for coordinating the translation requirements and facilities of the Government. Requests for translation received by the Department were either translated in the Department or referred to other Government agencies able to offer language service. During recent months, however, translating services in other Government agencies available to this Department have been greatly curtailed or eliminated. Furthermore, the present work load makes it impossible for the Department's Central Translating Division to perform translations for other agencies for the remainder of the present fiscal year.

The material you submitted is, accordingly, being returned to you.

Sincerely yours,

William K. Bryan

William K. Bryan
Administrative Officer
Central Translating Division

Enclosures:

1. Document in Turkish.
2. " " Japanese.
3. " " Polish.
4. " " Finnish.
5. Three documents in Croatian.

Mr. John W. Callender,
Director of Retirement Claims,
United States Railroad Retirement Board,
844 Rush Street,
Chicago 11, Illinois.

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILL. ILLINOIS

MAY 23 1947

BUREAU OF RETIREMENT CLAIMS

REGISTERED MAIL

Mrs. Mijuki Neishi
141 W. Helena Street
Dillon, Montana

In reply refer to

D-51533

Dear Madam:

The documentary evidence listed below, which was submitted by
you, is returned herewith
under separate cover:
XXXXXXXXXXXXXXXXXXXX

Certificate of Birth

Yours very truly,

John W. Callender

John W. Callender
Director of Retirement Claims

HT

DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

1. DATE

5-20-47

2. S.S.A. OR CLAIM NUMBER

D-51533

3. FILE NAME OF EMPLOYEE

Jentaro Neishi

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT

Certified Birth Statement

5. ON OFFICIAL STATIONERY? ☒ YES ☐ NO
SEAL USED? ☒ YES ☐ NO

6. DATE RECORD MADE

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

State of Montana

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS
APPEARING ON DOCUMENT

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

	EMPLOYEE	SURVIVOR
10. NAME		Kazuko Neishi
11. AGE OR DATE OF BIRTH		5-13-33
12. PLACE OF BIRTH		Helena, Montana
13. NAME OF FATHER		Jentaro Neishi
14. MOTHER'S MAIDEN NAME		Miyuki Kanda
15. DATE OF DEATH		
16. MARRIAGE	DATE	PLACE

17. OTHER PERTINENT INFORMATION:

UNIT OR FIELD OFFICE

SIGNATURE AND TITLE

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF:

☐ EMPLOYEE
☐ SURVIVOR☐ MARRIAGE☐ DEATH☒ RELATIONSHIP OF SURVIVOR
RELATIONSHIP Child

UNIT

Examination

SIGNATURE AND TITLE

Louise Mulhearn Elm, Examiner

DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

1. DATE

5-20-47

2. S.S.A. OR CLAIM NUMBER

712-07-9866

3. FILE NAME OF EMPLOYEE

Jentaro Neeske

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT

Birth Certificate

5. ON OFFICIAL STATIONERY? ☒ YES ☐ NOSEAL USED? ☒ YES ☐ NO

6. DATE RECORD MADE

3-7-47

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

State of Montana

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS
APPEARING ON DOCUMENT

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

	EMPLOYEE	SURVIVOR
10. NAME		Child
		Yukiko Neeske
11. AGE OR DATE OF BIRTH		10-19-50
12. PLACE OF BIRTH		Dillon, Montana
13. NAME OF FATHER		Jentaro Neeske
14. MOTHER'S MAIDEN NAME		Miyuki Neeske
15. DATE OF DEATH		
16. MARRIAGE	DATE	PLACE

17. OTHER PERTINENT INFORMATION:

UNIT OR FIELD OFFICE

SIGNATURE AND TITLE

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF:

☐ EMPLOYEE☐ SURVIVOR☐ MARRIAGE☐ DEATH☒ RELATIONSHIP OF SURVIVORRELATIONSHIP child

UNIT

Reexamination

SIGNATURE AND TITLE

L. Mulhearn Claims Examiner

April 30, 1947

REGISTERED MAIL

MR. Guillermo A. Suro, Chief
Central Translating Division
Department of State
Walker-Johnson Building
1734 New York Avenue, Northwest
Washington, D. C.

In reply refer to
R.R.B. No. D51533

Dear Sir:

We are enclosing for translation a Japanese document submitted in connection with the case of Jentaro Neishi.

This document has been submitted as evidence of the marriage between Miyuki Kanda and Jentaro Neishi and as proof of the age of the former. We understand that the document also shows the age or date of birth of the two children: Yukiko Neishi and Kazuko Neishi.

We should appreciate your assistance in furnishing us with a translation of this document. The information contained in the document may be transcribed on Form G-91 which is enclosed.

Very truly yours,

John W. Callender
Director of Retirement Claims

Enclosures (2)

F.Lerner:F.L.
FL

Jentaro Neishi, Deceased
Dillon, Montana

D-51533

Widow- Miyuki Kanda Neishi
141 W. Helena Street
Dillon, Montana

Children -
Yukiho Neishi born October 19, 1930
Kazuko Neishi born May 13, 1933

Certified Family Record - Recitation of the history of the family of Jentaro Neishi as it
appeared on the records of Hiroshima Ken (which corresponds to a state)

Proof of Marriage of Miyuki and Jentaro Neishi
Proof of Age

Applicant requests that the enclosed Family Record be returned to her as
soon as it has served its purpose.

北米合衆國 モンタナ州 ビーバーヘッド郡 パレット町に於て出生父
根石善太郎 昭和五年五月 沙路島のシフトル 現在領事
國本東京府附同年五月 在沙路島シフトル 現在領事

北米合衆國 モンタナ州 ビーバーヘッド郡 デロン町に於て出生父根石善
太郎 昭和八年五月 在沙路島のシフトル 現在領事内山清受附同年
五月 在沙路島のシフトル 現在領事

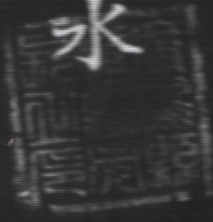
以下空白

右謄本戸籍原本と相違ナキコトヲ認證ス

昭和拾五年五月八日

廣島市長 藤田 若水

女 四				女 三			
出生	父	母		出生	父	母	
昭和五年五月八日	根石善太郎	ミエキ	和子		根石善太郎	ミエキ	幸子
	田中						



北米合衆國 モンタナ州 ティーロン市 に於て 出生 父 根石善太郎
 母 大山井 氏 昭和四年五月拾四日 受付入籍 以下 略

北米合衆國 モンタナ州 ビイバーヘイト郡 バレウに於て 出生 父 根
 石善太郎 母 出 昭和四年五月拾五日 合衆國 レアトル 縣 在 領 事 川
 村 博 受 付 入 籍 昭和四年五月 受付入籍 以下 略

男 長			女 次		
出生 昭和四年五月七日	父	根石善太郎	出生 大正拾四年八月八日	父	根石善太郎
	母	ミエキ		母	ミエキ
勉			信子		
長男			次女		

一

f
f

力能爲藏

116 DB

出坐又又酒半五日八日

母

43

三ノ支

1784-1785

出坐明光寺半箇月

敬啟者

[illegible]

林氏藏

前 司 主

音樂

黃島線

叶尔羌 叶尔羌 叶尔羌 叶尔羌
叶尔羌 叶尔羌 叶尔羌 叶尔羌

第 五
 合 封
 合 封

Signature

APR 23 1947

This copy is a true, accurate and exact copy of the document submitted.

12-01-87

NOTICE OF CANCELLED CHECK
DATE PROCESSED 12-01-87

CLAIM NUMBER PC
WD 051533 1

CHECK NUMBER
0557531
EFT

ISSUE DATE 11-87

PAYEE NAME-ADDRESS

AMOUNT
\$ 117.34

CAUSE CODE 91 EFT MONTHLY
EFF DATE 00-00

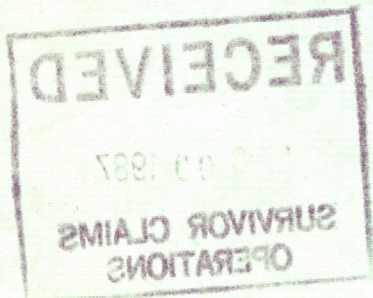
BATCH	302	RR	SUPP	SS
ACTG DT	12017	REG		
		ACCRUAL	117.34	

LAST COA
BATCH DATE TYP

RR
STAT CSE

SS
STAT CSE

MASTER NOT IN PAY STATUS



TRANSMITTAL OF UNDELIVERABLE CHECK DATA

RRB FORM G-202(12-85)

TO : Mod 4
FROM : PSU-AC

Date: 12-7-87

Claim # WD 051533

DO NOT SEND THIS FORM
TO CLAIM FILES

☒ A code 91, 92 or 98 returned payment rejected from processing.
Request the folder, verify the address and reissue the payment.

☐ A payment was returned as code 91, 92 or 98 but the annuity has been terminated. Reissue the payment if necessary.

☐ A check was returned code 98. The folder is charged to this unit.
Match the code 98 to the folder and reinstate by entering a G-607 showing the correct address.

DO NOT INCLUDE UNDELIVERABLE PAYMENTS ON MANUAL AWARDS UNLESS
A SUSPENSION G-96 WAS ENTERED.

☐ A payment was returned as a code 91, 92, or 98. Benefits have been reinstated. Match this notice with the folder charged to this unit.

☐ Checks were returned code 98 over 3 months ago. Benefits have been suspended code 97. Investigate and take appropriate action.

☐ Other:

CLAIM NO P/C RR SS NAME / ADDRESS C/M DOB SEX
WD 051533 1 IN FRC N APPL MIYUKI NEISHI NO 12-28-02 F
5405 SE HOLGATE
PORTLAND OR 97206
CURRENT RATE INFORMATION REP PAY EARMARKS
CHECK RR SUP SS 5 1 0
117.34 117.34 FAMCD TWCD

SMIB INFORMATION LAST COA 05-16-79
CODE DISA HIB SMIB DIRECT DEPOSIT INFORMATION
RATE RR SS CODE DATE DATE DATE ROUTE NO ACCOUNT TYPE/NO
17.90 1 AGE 12-67 12-67 05-17-79 32327045 2 S 2100040538
TABLE RATE: 17.90
PREVIOUS ACTIONS TERM/SUSP INFORMATION
ACCRUAL OLD RATE NEW RATE VOU ACC DATE TYPE CAUSE EFF DT
RR 119.39 117.34 472 12-15-86 AWD
SS
SUP
TAXES W/H> RR ACC SUP ACC (> RECUR RR RECUR SUP (<
SSA CLAIM NO BEN SSN SS ENT SUP EF DT SUP RED BA NO CB DATE
517-30-1345 YES 0 11-06-87
ENTER PREFIX D RRB # (9 DIGITS) 000051533 AND PAY CODE 0
DATAQ UPDATED 11-04-87
SCREEN 1 DISPLAYED, NEXT ?

DMMED004 SUSPENSION/TERMINATION ENTRY SCREEN 11/06/87
07:38
CLAIM NO P/C RR SS NAME DOB
WD 051533 1 IN FRC N APPL MIYUKI NEISHI 12-28-02

CURRENT RATE INFO
CHECK RR SUP SS
117.34 117.34
ENTER S/T INFORMATION
SUSP/TERM CODE: 41 EFF DATE: 10-87 UNIT ID: 2343
LETTER CODE: USER SIGNON - ORDEGALM
RECORD HAS BEEN ADDED TO THE DATABASE, HIT PF6 TO RETURN TO DATAQ
RESPONSES
PF2 = STORE PF6 = RETURN TO DATAQ

NOTICE OF ANNUITY ADJUSTMENT

12-85 COST-OF-LIVING MASS ADJUSTMENT

SEQ. NO.

151,208

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC SYM	(C) SYM	TIER I			TIER II			WF		SS DATA		SEQ. NO.											
				(D) TIER I PIA	(E) GROSS TIER I	(F) DMC	(G) AGE RED SSA OFFSET	(H) NET TIER I	(I) PREV TIER I	(J) COMP 1	(K) COMP 2	(L) AGE RED	(M) NET TIER II	(N) PREV TIER II	(O) NET WINDFALL	(P) TAX W/H	(Q) SSA AMOUNT	(R) PD	(S) OLD RATE BEFORE SM	(T) NEW RATE BEFORE SM	(U) NEW RATE AFTER SM	(V) ADJ CK AMOUNT	(W) SUPP AMN	(X) REJ/REV	
12/85 COL-TAX W/H ADJ	WD 051533	1	W	329.30	329.30		329.30	000.00	000.00					87.20	47.69	000.00	381.10	A	133.94	134.89	119.39				
																	381.00	C			119.39	D			

NOTICE OF ANNUITY ADJUSTMENT

12-86 TIER I & II COL MASS ADJUSTMENT

SEQ NO.

136,628

NOTICE OF ANNUITY ADJUSTMENT										SEQ. NO.												
ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I				TIER II				WF	(S)	SS DATA		SEQ. NO.						
				(D) TIER I PIA	(E) GROSS TIER I	(F) DRC	(G) AGE RED SSA OFFSET	(H) NET TIER I	(I) PREV TIER I	(J) COMP 1	(K) COMP 2			(L) AGE RED COMP 3	(M) NET TIER II	(N) PREV TIER II	(O) AGE RED	(P) TAX W/H	(Q) SSA AMOUNT	(R) OLD RATE BEFORE SMI	(S) NEW RATE AFTER SMI	(T) SUPP ANN
12/86 COL-TAX W/H ADJ	WD 051533	1	W	333.50	333.50		333.50	000.00	000.00	87.55	E		87.55	87.20	47.69	000.00	386.00	A	134.89	117.34	D	

NOTICE OF ANNUITY ADJUSTMENT										TIER I				TIER II				WF		SS DATA		SEQ. NO.		39,828	
ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC SYM	(D) TIER I PIA	(F) DRC	(G) AGE RED	(H) NET TIER I	(I) COMP 1	(J) COMP 2	(M) COMP 3	(O) NET TIER II	(Q) NET WINDFALL	(S) TAX W/H	(U) SSA PIA	(W) SF-X PD	(Y) OLD RATE BEFORE SMI	(Z) NEW RATE AFTER SMI	(b) ADJ AMOUNT	(d) SUPP ANN							
03-86 WINDFALL CUTBACK ADJ	WD 051533	1 W									44.02	3.67 000.00				134.89 131.22	115.72 115.72	D							

NOTICE OF ANNUITY ADJUSTMENT

ANNUITY TITLE	CLAIM NUMBER (A)	PG (B)	SYM (C)	(D) GROSS AMOUNT TIER I	(E) NET TIER I	(F) DHC	(G) AGE RED PREV TIER I	(H) MSRED/ TIER I	(I) NET TIER II COMP 1	(J) COMP 2	(K) COMP 3	(L) RRA MAX COL T/B	(M) AGE RED PREV TIER II	(N) GROSS WINDFALL TOT TIB AMT	(O) AGE RED	(P) SSA AMOUNT	(Q) SFX RR PD	(R) OLD RATE BEFORE SMI	(S) NEW RATE BEFORE SMI	(T) NEW RATE AFTER SMI ADJ AMOUNT	(U) NEW RATE AFTER SMI ADJ AMOUNT	(V) NEW RATE AFTER SMI ADJ AMOUNT
8-83 COL ADJ + ACCR (JUN)	WD 051533	1	W						86.25 86.25 E			.94							133.00 133.94	121.74 122.68 D		
12-83 COL-T/B- M/S ADJ	WD 051533	1	W	308.60 000.00			000.00		86.25 86.25 E				86.25	47.69		357.20 357.00 C	A C	133.94 133.94	119.34 119.34 D			
12-84 COL-T/B- TAX W/H ADJ	WD 051533	1	W	319.40 000.00			000.00		87.20 87.20 E				86.25	47.69		369.70 369.00 C	A C	133.94 133.94	118.44 118.44 D			

CLAIM NUMBER

PC SY

RATE	BEFORE	SMIB	SMI	ADJ.	CK
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RATE	BEFORE	SIDE	SIDE	NEW
OLD		NEW	CD	AMOUNT

WD 051533 1 W

123.85	125.85	1A	113.65
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EFF DATE	6-01-82				
SYMBOL	W				
PAYEE CODE	1				
PIA	298.20				
DRC					
ORIG/RED RTE	298.20				
FRST/ADJ RTE					
PP					
SS BENEFIT	345.00				
\$ROUNDED	46.00				
EE ANN OFFSET					
NET TIER 1					
TIER 2	85.31				
RED AGE RTE					
REST AMT					
SPMIN/EQ AMT					
NET TIER 2	85.31				
WINDFALL	47.69				
WAC	40.54				
ACT ADJ					
WITHHOLDING AMT					
RR RATE	125.85				
SS BENEFIT DATA					
AMOUNT	345.00				
SUFFIX	A				
PIA	345.20				
PD BY RRB	NO				
REMARKS					

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC	SY	RATE BEFORE OLD	SMIB NEW	SMI CD	TOTAL WK DED AMT
WD	051533	1 W	122.60	131.00	1A	

ID	PIA	TIER 1 DATA DRC	DATA GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	277.70		277.70	00.00	83.31	47.69

ID	AGE	REDUCTION AMOUNTS				ADJ CHECK		
		ACT	ADJ	MS	WITHHOLD	WVR	DATE	AMOUNT
W	00.00	00.00			00.00		7-01-81	120.00

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT	SFX	PIA	PD BY RRB
W	120.00	321.50	A	321.50	NO

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PRINTED ON 6-26-81

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC	SY	RATE BEFORE OLD	SMIB NEW	SMI CD	TOTAL WK DED AMT
WD	051533	1 W	113.21	122.60	1A	

ID	PIA	TIER 1 DATA DRC GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	249.70	249.70	00.00	74.91	47.69

ID	AGE	REDUCTION AMOUNTS ACT ADJ MS	WITHHOLD WVR	ADJ CHECK DATE	AMOUNT
W	00.00	00.00	00.00	7-01-80	113.00

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT SFX	PIA	PD BY RRB
W	113.00	289.10 A	289.10	

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PRINTED ON 10-24-80

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC SY	RATE BEFORE OLD	SMIB NEW	SMI CD	TOTAL WK DED AMT
WD 051533	1 W	107.30	113.21	1A	

ID	PIA	TIER 1 DATA DRC GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	218.40	218.40	00.00	65.52	47.69

ID	AGE	REDUCTION ACT ADJ	AMOUNTS MS	WITHHOLD	WVR	ADJ CHECK DATE	AMOUNT
W	00.00	00.00		00.00		7-02-79	104.51

ID	NEW REG ANN RATE AFTER SMIB	AMOUNT	SS BENEFIT DATA SFX PIA	PD BY RRB
W	104.51	252.90	A 252.90	

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PRINTED ON 10-13-79

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC	SY	RATE BEFORE OLD	SMIB NEW	SMI CD	TOTAL WK DED AMT
WD 051533	1	W	103.64	107.30	1A	00.00

ID	PIA	TIER 1 DATA DRC GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	198.70	198.70	00.00	59.61	47.69

ID	AGE	REDUCTION AMOUNTS ACT ADJ	MS	WITHHOLD	WVR	ADJ CHECK DATE	AMOUNT
W	00.00	00.00		00.00		7-01-78	99.10

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT	SFX	PIA	PD BY RRB
W	99.10	230.10	A	230.10	

REMARKS

FOLDER RECORDS PRINTED ON 8-14-78

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MECHANICAL ADJUSTMENTS

7/1973 RR ACT & 12/1973 SS ACT AMENDMENTS

(11% INCREASE IN TWO STEPS)

RR

6/74 OM PIA		6/74 PT PIA		74 SPC MIN		SS SAV CL MAX	RIB LIMITATION ON WIA		E DRC
AMW	PIA	AMW	PIA	YC	PIA		RED RATE/INC	82½% PIA	
160	153.20	160	153.20	10					

PAY CDE	TYP BEN	MONTHLY RATE BEFORE SMI			ADJUSTMENT CHECKS			72 COMP RATE	REDUCTIONS			
		OLD RATE	NEW RATE	EFF	DATE	SMI	AMOUNT		AGE	SS BEN	ACT AJ	MIL SERV
1	W	78.45	88.15	3-74	4-1-74	6.30	81.85	78.41				
1	W	88.15	93.65	6-74	7-1-74	6.70	86.95	78.41				

PAY CDE	TYP BEN	MONTHLY RATE BEFORE SMI			ADJUSTMENT CHECKS			72 COMP RATE	REDUCTIONS			
		OLD RATE	NEW RATE	EFF	DATE	SMI	AMOUNT		AGE	SS BEN	ACT AJ	MIL SERV

T 12 (12 1974)

RRB FORM G-268

CLM NC WD 051533

ADD DIR DEP AND CHANGE ADDRESS

PREVIOUS SURNAME, 5 LETTERS - NEISH

BATCH NC 926 05-17-79

NEW RECORD
MIYUKI NEISHI
5405 SE HOLGATE
PORTLAND OR 97206

OLD RECORD
MIYUKI NEISHI
5405 SE HOLGATE
PORTLAND OR 97206 -

PAYEE CODE 1
GEC CODE 390

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC	SY	RATE BEFORE SMIB		SMI	TOTAL WK
			OLD	NEW	CD	DED AMT
WD	051533	1	W	97.34	100.52	1A
			W	100.52	103.64	1A

ID	PIA	TIER 1 DATA		NET	TIER 2 DATA	WINDFALL DATA
		DRC	GROSS			
W	176.10		176.10	00.00	52.83	47.69
W	186.50		186.50	00.00	55.95	47.69

ID	AGE	REDUCTION AMOUNTS			ADJ CHECK	
		ACT	ADJ	MS	WITHHOLD	WVR
					DATE	AMOUNT
W	00.00	00.00			00.00	7-01-76 93.32
W	00.00	00.00			00.00	7-01-77 95.94

ID	NEW REG ANN RATE	SS BENEFIT DATA			
	AFTER SMIB	AMOUNT	SFX	PIA	PD BY RRB
W	93.32	203.90	A	203.90	
W	95.94	216.00	A	216.00	

REMARKS

FOR ADJUSTMENTS MADE 7-1974 THROUGH 5-1976 SEE MICROFILMS

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RRB FORM G-268

CLM NO WD 051533

ADDRESS CHANGE

PREVIOUS SURNAME, 5 LETTERS - NEISH

BATCH NO 398 03-09-77

NEW RECORD
MIYUKI NEISHI
5405 SE HOLGATE
PORTLAND OR 97206

OLD RECORD
MIYUKI NEISHI
120 NE HOLLIDAY ST
PORTLAND OR 97232 -

PAYEE CODE 1
GEO CODE 390

**MECHANICAL ADJUSTMENT
TRANSFERRING SMI PREMIUM COLLECTION
FROM SSA TO RRB**

RRB CLAIM NO.

D 051533

PAY CODE	TYPE BEN.	MONTHLY RATES			ADJUSTMENT CHECK		
		BEFORE SMI	SMI PREM.	AFTER SMI	DATE	SMI DEDUCT.	CHECK AMT.
1	WD	78.45	5.80	72.65	04-01-73		72.65
FORMER SSA HI NUMBER		HIB EFF. DATE		CURRENT SMI EFF. DATE CODE		TERMINATED SMI BEGAN ENDED	
517-30-1345 A		12-67		12-67 1			

PAY CODE	TYPE BEN.	MONTHLY RATES			ADJUSTMENT CHECK		
		BEFORE SMI	SMI PREM.	AFTER SMI	DATE	SMI DEDUCT.	CHECK AMT.
FORMER SSA HI NUMBER		HIB EFF. DATE		CURRENT SMI EFF. DATE CODE		TERMINATED SMI BEGAN ENDED	

T - 9 (4-73)

**MECHANICAL ADJUSTMENT
1972 R.R. ACT AMENDMENTS
(20% INCREASE)**

CLAIM NUMBER

D 051533

PAY CODE	TYPE BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
1	W	65.35	78.45	09-72	11-01-72		91.55
1971 COMP. RATE		1972 COMP. RATE	REDUCTIONS				
65.30		78.36	AGE	MIL. SER.	ACT. ADJ.		

PAY CODE	TYPE BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
1971 COMP. RATE		1972 COMP. RATE	REDUCTIONS				
			AGE	MIL. SER.	ACT. ADJ.		

T-3 (11-72)

1971 RRA AMEND ADJUSTMENT EFFECTIVE JAN 1, 1971

RUIA RECOVERY

CLAIM NO. D - 051533

PC BEN	1970 COMP	REDUCTIONS			RATE AFTER SMIB		SEP 1 CHECK	
		AGE	MS	ACT	SMIB	OLD	NEW	
1	W	59.40				59.45	65.35	106.65

RRB FORM G-364e (7-70)		1. VOUCHER NO. 10 22 70 888		3. CLAIM NO. WD 051533							
DETERMINATION OF AWARD INSURANCE ANNUITY		2. <input type="checkbox"/> FINAL CERT. <input type="checkbox"/> SUSP./REINSTATE.		4. DECEASED EMPLOYEE							
		<input type="checkbox"/> PARTIAL CERT. <input type="checkbox"/> REINST.-RECERT.									
		<input type="checkbox"/> RECERT. <input type="checkbox"/> SUSP./REINSTATE. RECERT. FORM PARTIALLY COMPLETED		5. EMPLOYEE'S SSA NO. 712-07-9866							
16. BENEFICIARY DATA		RELATIONSHIP OR NAME	DATE OF BIRTH	DATE CLAIM FILED	CHECK SSA NUMBER OWN OR OTHER	SS BENEFIT					
PC	SYM					<input type="checkbox"/> 1967 RATE <input type="checkbox"/> 1969 SS BEN. <input type="checkbox"/> 87% X 1969 RATE	REDUCTION EFFECTIVE MO. YR.				
1	W		12-28-02		X 517 30 1345	\$ 105.20	\$ 121.00	12-67			
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
17. RR ACT FORMULA COMPUTATION											
PC	SYM	BASIC RATE	TABLE OR MIN. INC. (+)	RED. FOR 1967 SS BEN. (-)	ANN. BEFORE 1970 INCREASE	1970 INCREASE (+)	RED. FOR 1969 SS BEN. (-)	RED. FOR AGE (-)	RED. FOR M/S (-)	RR FORMULA ANNUITY (UNROUNDED)	18. ORIGINAL BENEFIT
1	W	\$ 52.42	\$ 5.00	\$ 3.04	\$ 54.40	\$ 8.16	\$ 3.16	\$	\$	\$ 59.40	\$
23. PAYMENT SUMMARY											
PC	SYM	ACCRUED PAYMENTS				DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					
		MO. RATE	FROM	TO	AMOUNT	MO. RATE	FROM	TO	AMT		
1	W	\$ 59.45	01-01-70	08-31-70	\$ 475.60	\$ 54.45	01-01-70	08-31-70	\$ 43		
RECOVERY FOR <input checked="" type="checkbox"/> RUIA \$ SSA \$											
		24. SMIB CODE 7	25. SMIB EFFECTIVE DATE		SMIB PREM.	\$			\$		
26. CERTIFICATION OF PAYMENT											
ONE PAYMENT ONLY <input type="checkbox"/> RECURRING PAYMENT <input checked="" type="checkbox"/>											
PAYEE CODE 1	NAME & ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW										
MIYUKI NEISHI 1120 NE HOLLIDAY ST PORTLAND OR 97232						LAST PREVIOUS MONTHLY RATE	\$	59.45	A. Court appo payee		
						MONTHLY RATE OR SHARE	\$	59.45	B. Payee-neith appointed for child		
						SMIB PREMIUM	\$		C. Parent for		
						MONTHLY RATE PAID	\$	59.45			
						NET AMOUNT PAID	\$	40.00	CLAIMS EXAM 800		
						10-01-70 CK					
						11-01-70 CK					
						10-22-70 CK					

EMPLOYEE'S MARITAL STATUS AT DEATH MALE <input type="checkbox"/> MARRIED <input type="checkbox"/> S.W.D. FEMALE <input type="checkbox"/> MARRIED <input type="checkbox"/> S.W.D.			12. MILITARY SERVICE REDUCTION (A) MONTHS OF M/S: TOTAL MONTHS OF SERVICE:		
7. DATE OF BIRTH		8. DATE OF DEATH 12-61		(B) INCREASE RESULTING FROM M/S \$	
9. RRA <input type="checkbox"/> COMPLETELY INSURED <input checked="" type="checkbox"/> PARTIALLY INSURED		(C) AMOUNT OF OTHER BENEFITS \$			
AMR AMC MO. EARN. \$158.00		INC. YRS. 5		(D) M/S RATIO: REDUCTION \$	
BASIC AMOUNT \$ 52.42		13. MILITARY SERVICE USED M/S BEFORE 1937 OR AFTER 6-63 M/S AFTER 1936 AND BEFORE 7-63			
MAXIMUM <input type="checkbox"/> \$207.15 <input checked="" type="checkbox"/> \$ 139.75		USED-NO REDUCTION <input type="checkbox"/> <input type="checkbox"/>			
10. SPOUSE MINIMUM (ROUNDED) <input type="checkbox"/> \$ AMC \$ 000		USED REDUCTION <input type="checkbox"/> <input type="checkbox"/>			
11. SSA AMW \$ 160 PIA \$ 104.50		NOT USED <input type="checkbox"/> <input type="checkbox"/>			
O/M MAXIMUM <input type="checkbox"/> TABLE MAX.\$		NO 1P1 <input type="checkbox"/>		14. ORIGINAL ANNUITY BEGINNING DATE 11-01-66	
<input type="checkbox"/> SAVING CLAUSE \$		1P1 <input type="checkbox"/>		15. PORTION OF ANNUITY WAIVED <input type="checkbox"/>	
SS ACT FORMULA COMPUTATION				19. MONTHLY ANNUITY	
OTHER BEN. <input type="checkbox"/> RA <input type="checkbox"/> SS		RED. FOR AGE		RR <input checked="" type="checkbox"/> O/M <input type="checkbox"/> (UNROUNDED)	
ADJUSTED BENEFIT		TOTAL O/M GUARANTY		ACTUARIAL ADJUST.	
		(A) TOTAL OF ORIGINAL BEN. COLUMN		MONTHLY ANN. PAYABLE (ROUNDED)	
				\$ 59.40 \$ 59.45	
		(B) TOTAL OF ADJUSTED BEN. COLUMN			
		(C) 10% x (A)			
		(D) TOTAL GUARANTY (B) + (C)			
20. AGE REDUCTION COMPUTATION					
(A) RR FORMULA					
<input type="checkbox"/> X .003 X \$ = \$					
<input type="checkbox"/> X .003 X \$ = \$					
<input type="checkbox"/> X .003 X \$ = \$					
<input type="checkbox"/> X .003 X \$ = \$					
(B) O/M FORMULA					
<input type="checkbox"/> X .003 X \$ = \$					
<input type="checkbox"/> X .003 X \$ = \$					
<input type="checkbox"/> X .003 X \$ = \$					
<input type="checkbox"/> X .003 X \$ = \$					
21. SMIB ENROLLMENT CODES					
<input type="checkbox"/> 1ST ENROLL. <input type="checkbox"/> NO RESPONSE <input type="checkbox"/> NOT ENROLLED <input type="checkbox"/> 1ST TERM. <input type="checkbox"/> DUAL ANNU-ITANT					
<input type="checkbox"/> 2ND ENROLL. <input type="checkbox"/> 2ND TERM. <input type="checkbox"/> SSA JURISDICTION <input type="checkbox"/> PREM. PAID BY STATE					
22. REMARKS					
BENEFICIARIES IN P/S FOR THIS PC 01 TOTAL FAMILY IN P/S AND SUSP 01					
NET AMOUNT DUE \$ 40.00		RESEARCH USE			
DATE		COMPUTER		DATE	
AUTHORIZER		800		DATE	

CODE SHEET (SURVIVORS)

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

COLUMN 20		COLUMN 22		COLUMN 23		COLUMN 24		25 - 26
TYPE OF ACTION	CODE	STATUS OF APPLICATION	CODE	TYPE OF DISPOSITION	CODE	TYPE OF APPLICATION	CODE	NO. OF APP.
RECEIPT	7	NEW APPLICATION	0	FINAL CERTIFICATION	0	AA-17 or AA-17a		1
DISPOSITION	8	REACTIVATED	1	CLOSED WITHOUT AWARD	1	AA-17b and AA-17 or AA-17a		8
		RECERTIFIED	2	PARTIAL CERTIFICATION	5	AA-18		2
						AA-19		3
						AA-19a		4
						AA-19s		7
						AA-20		5
						AA-21, AA-21a, G-126, AA-3		6

RECEIPTS							DISPOSITIONS																				PRODUCTION REPORT									
21	22	23	24	25	26	CHECK	21	22	23	24	25	26	DATE						G-184	I	D	EXAM			I	D	AUTH		CHECK							
														32	33	34	35	36	37	69	71	72	73	74	75	76	77	78		79	80					
3		0					3	20101041668 - B2201B1086PR																												
3		0					3																													
3		0					3																													
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3		0					3																													
3		0					3																													
SECTION III - REOPENING DATA																																				

SECTION II - TICKLER DATES

SECTION III - REOPENING DATA

[illegible]

4178198

DETERMINATION OF AWARD INSURANCE ANNUITY

1. ADMINISTRATIVE VOUCHER NO.

2.

- ☐ FINAL CERT. ☐ SUSP./REINSTATE.
☐ PARTIAL CERT. ☐ REINST.-RECERT.
☒ RECERT. ☐ SUSP./REINSTATE. RECERT.
☐ REINST. ☒ FORM PARTIALLY COMPLETED

3. EMPLOYEE'S MARITAL STATUS AT DEATH

MALE ☐ ☒ MARRIED ☐ S. W. D.
 FEMALE ☐ ☐ MARRIED ☐ S.W.D.

4. RRA

☒ COMP.INS. ☐ PART.INS.

SSA

 AMR
AMC
MO.EARN.
INCR
YRS.

BASIC AMT.

AMW

PIA

\$158

5

\$5242

\$160

\$90.80

5. CLAIM NO.

6. DECEASED

TENTA

7. EMPLOYEE'S S.S.A NO.

8. DATE OF

1-10-

10. MILITARY SERVICE REDUCTION

A. MONTHS OF M/S: TOTAL MONTHS OF SERVICE:

B. INCREASE RESULTING FROM M/S \$

C. AMOUNT OF OTHER BENEFITS \$

D. M/S RATIO. DEDUCTION \$

11. MILITARY SERVICE USED

USED-NO REDUCTION USED REDUCTION NOT USED

M/S BEFORE 1937 OR AFTER 6-63

☐☐☐

M/S AFTER 1936 AND BEFORE 7-63

☐☐☐

16. SYM	RELATIONSHIP OR NAME	DATE OF BIRTH	CLAIM FILED	RR ACT FORMULA					SS ACT FORMULA				O/M RATE	A
				BASIC RATE	TABLE OR MIN.	REDUC-TION FOR SS ENT.	REDUC-TION FOR AGE	REDUC-TION FOR M/S	ADJUSTED ANNUITY	ORIGINAL BENEFIT	OTHER <input type="checkbox"/> RA <input checked="" type="checkbox"/> SS	ADJUSTED BENEFIT		
W	WIDOW	12-28-02	11-3-67	\$52.42	\$5.00 10.62	\$3.04 18.20	x.003	\$	\$54.45	\$	\$105.20	\$	\$	\$

17. REMARKS

RL-119

Recert to increase rate w/ SSA information cancel

18. PAYMENT SUMMARY

SYM.	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	\$54.45	2-1-68	33168	✓	\$108.90	\$52.45	2-1-68	33168	2	\$104.90	\$4.00
RECOVERY FOR: <input checked="" type="checkbox"/> RUIA ACCT. \$ SSA \$											
SMIB	20. SYM. W	21. CODE 7	22. DATE EFF.	SMIB PREM. ▶	\$					\$	

23. CERTIFICATION OF PAYMENT

ONE PAYMENT ONLY ☐RECURRING PAYMENT ☒

L N	PAYEE CODE	NAME & ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW												LAST PREVIOUS MO. RATE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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CLAIMS EXAMINER

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AUTHORIZER

B2 #201 APR 1 0 1968

R. Brock 01-86

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⑨ ☐ SUSP./REINSTATE.
③ ☐ REINST.-RECERT.
⑦ ☐ SUSP./REINSTATE. RECERT.
⑤ ☐ FORM PARTIALLY COMPLETED

3. EMPLOYEE'S MARITAL STATUS AT DEATH
MALE ① ☒ MARRIED ① ☐ S. W. D.
FEMALE ③ ☐ MARRIED ④ ☐ S.W.D.

4. RRA
① ☒ COMP.INS. ⑤ ☐ PART.INS. SSA 43

AMR AMC MO. EARN.	INCR YRS.	BASIC AMT.	AMW	PIA
\$158	5	\$5242	\$160	\$90.80

5. CLAIM NO. WD 51533

6. DECEASED EMPLOYEE
JENTARO NEISHI

7. EMPLOYEE'S S.S.A. NO. 7112079866

8. DATE OF BIRTH 1-10-82 9. DATE OF DEATH 12-6-41

MONTHS OF SERVICE:

	\$
	\$
	\$

11. MILITARY SERVICE USED

	USED-NO REDUCTION	USED REDUCTION	NOT USED
M/S BEFORE 1937 OR AFTER 6-63	⑧ <input type="checkbox"/>	③ <input type="checkbox"/>	③ <input type="checkbox"/>
M/S AFTER 1936 AND BEFORE 7-63	⑥ <input type="checkbox"/>	⑦ <input type="checkbox"/>	② <input type="checkbox"/>

12. ☐ SPOUSE MIN. \$ AMC \$

13. RR ACT MAX. ☐ \$207.15 \$ ☐

14. O/M ☐ MAX. \$
⑦ ☐ NO I.P.I. ⑧ ☐ I.P.I.

15. ③ ☐ PORTION OF ANNUITY WAIVED

RR ACT FORMULA						SS ACT FORMULA				O/M RATE	ACT. ADJ.	✓ ACT NO.	SSA ACCOUNT NO. OR CLAIM NO.	✓ CLM NO.
BASIC RATE	TABLE OR MIN.	REDUC- TION FOR SS ENT.	REDUC- TION FOR AGE	REDUC- TION FOR M/S	ADJUSTED ANNUITY	ORIGINAL BENEFIT	OTHER ① <input type="checkbox"/> RA ② <input checked="" type="checkbox"/> SS	ADJUSTED BENEFIT						
\$52.42	\$5.00 10.62	3.04 18.20	X.003	\$	\$54.45	\$	\$105.20	\$	\$	\$	\$	✓	517-30-B45	

Recent to increase rate w/ SSA information caused recomp.

PAYMENTS		DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)						NET AMOUNT DUE
NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT		
8 ✓	\$108.90	\$52.45	2-1-68	3-31-68	2	\$104.90		\$4.00
		RECOVERY FOR: ④ RUIA ACCT. \$ SSA \$						
TE EFF.		SMIB PREM. ▶	\$			\$		

19. SMIB ENROLLMENT CODES

① 1ST ENROLL.	⑤ 2ND ENROLL.
② NO RESPONSE	⑥ 2ND TERM.
③ NOT ENROLLED	⑦ SSA JURIS- DICTION
④ 1ST TERM.	⑧ PREM. PAID BY STATE
	⑨ DUAL ANN- UITANT

ONE PAYMENT ONLY ☐ RECURRING PAYMENT ☒

IF PAYEE AS THE CLAIMANT OR AS REPRESENT-
LAIMANT WHOSE NAME ALSO APPEARS BELOW

E I S H I									
H O L L I D A Y									
O R E G									

LAST PREVIOUS MO. RATE	\$52.45
MO. RATE OR SHARE	\$
SMIB PREMIUM	\$
MO. RATE PAID	\$54.45
NET AMOUNT PAID	\$4.00

REPRESENTATIVE PAYEE: RESEARCH
USE

A. Court appointed
payee ① ☐

B. Payee-neither court
appointed nor parent
for child ② ☐

C. Parent for child(ren) ③ ☐

DATE APR 10 1968	COMPUTER	DATE	AUTHORIZER R. Dvorak B1-86	DATE 4-11-68
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INSTRUCTION SHEET FOR PREPARATION OF RL-119

CLAIM NO.

WD-51533

The monthly annuity payments in this case have been ☒ adjusted ☐ reinstated for the reason(s) checked below. The unchecked explanations do not apply.

- ☐ A child attained age (18) (22).
- ☐ A child age 18-21 is a full-time student. Annuity payments... (as preprinted).
- ☐ You are (now) (not) eligible for social security benefits.
- ☐ You (do not) expect your total earnings for the taxable year to exceed \$1680.
- ☐ _____ (does not) expect(s) total earnings for the year to exceed \$1680.
- ☐ _____ (is/are now eligible) (has/have married) (is no longer a full-time student).
- ☐ Based on (your) (the) report that _____ would earn \$_____, annuity payments (will be) (have been) withheld for _____ months.
- ☐ An overpayment of \$_____, based on a report that you earned \$_____ in _____, (has been recovered) (will be recovered from _____ annuity).

☒ INFORMATION FROM THE SOCIAL SECURITY ADMINISTRATION CAUSED A RECOMPUTATION OF YOUR ANNUITY WHICH RESULTED IN AN

Benefits will now be paid as follows:

INCREASE

Name	Effective Date	Monthly Rate
MIYUKI NEISHI	2-1-68	\$54.45

The enclosed check covers the amount due through (typist will insert date)

- ☒ less the benefits that have been paid for that period.
- ☐ less an overpayment of \$_____ made to _____.

Paragraph(s) to be inserted:

- ☐ Complete and return the enclosed Form G-377 when any of the events occur which are listed under item 2 of that form. ☐ less than \$_____ ☐ more than \$_____
- ☐ There is no need to report _____ earnings again before the end of the year unless they will exceed \$_____.
- ☐ _____

Enclosure(s): Check

0	—	0	2	1	5	3	3
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CODES FOR COLUMNS 20, 22 - 26

COLUMN 20		COLUMN 22		COLUMN 23		COLUMNS 24		25 - 26
TYPE OF ACTION	CODE	STATUS OF APPLICATION	CODE	TYPE OF DISPOSITION	CODE	TYPE OF APPLICATION	CODE	NO. OF APP.
RECEIPT	7	NEW APPLICATION	0	FINAL CERTIFICATION	0	AA-17 or AA-17a	1	
DISPOSITION	8	REACTIVATED	1	CLOSED WITHOUT AWARD	1	AA-18	2	
		RECERTIFIED	2	PARTIAL CERTIFICATION	5	AA-19	3	
						AA-19a	4	
						AA-20	5	
						AA-21, AA-21a, G-126, AA-3	6	
						G-476c	7	

RECEIPTS							DISPOSITIONS														PRODUCTION REPORT									
21	22	23	24	25	26	CUMULATIVE	21	22	23	24	25	26	DATE						G-184	I	D	EXAM			I	D	AUTH		CUMULATIVE	
							32	33	34	35	36	37	69	71	72	73	74	75	76	77	78	79	80							
3	0	0	1	0	1	3	0	0	1	0	1	0	3	2	0	6	8	-	A	1	5	3	2	A	2	0	5	7	4	
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SECTION III - REOPENING DATA

CODE (19)	ORGANIZATION UNIT	CODE (16-17)	REASON FOR CALL-UP	REOPENED UNDER B.O. _____			
0	DIV. OF DISABILITY BENEFITS	01	ERRONEOUS PAYMENTS	DATE _____			
2	SCREENING	02	ERRONEOUS PAYMENTS TRACER	SIGNATURE _____			
5	SURVIVORS - B	03	REINSTATEMENT OF PAYMENTS	SECTION IV - NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED			
6	SURVIVORS - A	04	OUTSTANDING CHECK NOT DUE				
8	PROTEST & APPEALS						
		11	INVESTIG. OF EMP. & EARN.				
W	WAIVER, RECOVERY AND PENALTY						
X	SURVEY (SQI)						
	SPECIAL CODES	52	DEFERRED LUMP SUM PAYABLE				
		53	RESIDUAL PAYABLE				
N	RELEASE ANNUAL POLICING FORM						
9	RELEASE POLICING FORM JAN 1						
CODES		CALL-UP DATE	EXAM.	DATE COM- PLETED	EXAM.		
(16-17)	(19)						
79	N	68	J.S.P.	/			
				/		99	
				/		99	
				/		99	
				/			
				/			
				/			

SPECIAL INSTRUCTIONS TO TYPISTS

U.I. CLEARANCE TYPIST:

☐ TYPE ON G-259☐ SSA BENEFITS \$
EFF. _____☐☐ NO G-259

AWARD TYPIST:

MAR 21 1968

IT Spec.
Your annuity was not payable for the following periods due to your excess earnings: part of November, 1966, January, February, March and part of April 1967.

There is no need to report your earnings again unless they exceed \$680.00

FORM NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

COMPUTER

CLAIM NO.

40-54532

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	12.90	11/66	11/30/66	1	15.90						
	12.90	12/1/66	12/31/66	1	72.90						
	12.90	4/1/67	4/2/67	1	3.00						
	12.90	5/1/67	11/30/67	7	510.30						
	41.15	12/1/67	12/31/67	2	98.10						
	52.45	2/1/68	2/29/68	1	52.45						
											603.15

REMARKS:

1/1/65 @ 12.90 = 1645.30
10/1/66 @ 12.90 = 1014.00
2) 21.51 (15.90)
4/1/67 @ 12.90 = 2033.10
17/1/68 @ 41.15 = 1716.00
2) 101.50 (52.60)

3. EMPLOYEE'S MARITAL STATUS AT DEATH
 MALE ☐ ☒ MARRIED ☐ S. W. D.
 FEMALE ☐ ☒ MARRIED ☐ S.W.D.

4. RRA ☒ COMP.INS. ☐ PART.INS. SSA

AMR AMC MO.EARN. INCR YRS. BASIC AMT. AMW PIA

\$153 5 \$52.42 \$101 10.30 10.30

5. CLAIM NO. 108 5153

6. DECEASED EMPLOYEE
JENTARO NISHII

7. EMPLOYEE'S S.S.A NO. 112079866

8. DATE OF BIRTH 1-10-32 9. DATE OF DEATH 12-6-41

- ☐ SUSP./REINSTATE.
☐ REINST.-RECERT.
☐ SUSP./REINSTATE. RECERT.
☒ FORM PARTIALLY COMPLETED

11. MILITARY SERVICE USED

USED-NO REDUCTION USED REDUCTION NOT USED

M/S BEFORE 1937 OR AFTER 6-63 ☐ ☐ ☐

M/S AFTER 1936 AND BEFORE 7-63 ☐ ☐ ☐

12. ☐ SPOUSE MIN.S AMCS

13. RR ACT MAX. \$207.15 \$

14. O/M ☐ MAX.S
☒ NO I.P.I. ☐ I.P.I.

15. ☒ PORTION OF ANNUITY WAIVED

RR ACT FORMULA						SS ACT FORMULA				O/M RATE	ACT. ADJ.	SSA ACCOUNT NO. OR CLAIM NO.	C L M NO.
BASIC RATE	TABLE OR MIN.	REDUC-TION FOR SS ENT.	REDUC-TION FOR AGE	REDUC-TION FOR M/S	ADJUSTED ANNUITY	ORIGINAL BENEFIT	OTHER <input type="checkbox"/> RA <input checked="" type="checkbox"/> SS	ADJUSTED BENEFIT					
042	\$1062	\$	X.003	\$	\$13.04	\$	\$	\$	\$	\$	\$	5173-1345	

ORD 11-66

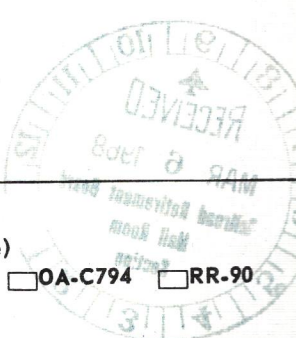
Change in annuity not payable part of 11-66.

Earnings & annuity not payable for 11-66, 12-66, 1-67, 2-67, 3-67, 4-67, 5-67, 6-67, 7-67, 8-67, 9-67, 10-67, 11-67, 12-67, 1-68, 2-68, 3-68, 4-68, 5-68, 6-68, 7-68, 8-68, 9-68, 10-68, 11-68, 12-68, 1-69, 2-69, 3-69, 4-69, 5-69, 6-69, 7-69, 8-69, 9-69, 10-69, 11-69, 12-69, 1-70, 2-70, 3-70, 4-70, 5-70, 6-70, 7-70, 8-70, 9-70, 10-70, 11-70, 12-70, 1-71, 2-71, 3-71, 4-71, 5-71, 6-71, 7-71, 8-71, 9-71, 10-71, 11-71, 12-71, 1-72, 2-72, 3-72, 4-72, 5-72, 6-72, 7-72, 8-72, 9-72, 10-72, 11-72, 12-72, 1-73, 2-73, 3-73, 4-73, 5-73, 6-73, 7-73, 8-73, 9-73, 10-73, 11-73, 12-73, 1-74, 2-74, 3-74, 4-74, 5-74, 6-74, 7-74, 8-74, 9-74, 10-74, 11-74, 12-74, 1-75, 2-75, 3-75, 4-75, 5-75, 6-75, 7-75, 8-75, 9-75, 10-75, 11-75, 12-75, 1-76, 2-76, 3-76, 4-76, 5-76, 6-76, 7-76, 8-76, 9-76, 10-76, 11-76, 12-76, 1-77, 2-77, 3-77, 4-77, 5-77, 6-77, 7-77, 8-77, 9-77, 10-77, 11-77, 12-77, 1-78, 2-78, 3-78, 4-78, 5-78, 6-78, 7-78, 8-78, 9-78, 10-78, 11-78, 12-78, 1-79, 2-79, 3-79, 4-79, 5-79, 6-79, 7-79, 8-79, 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12-22 SA NR 3/1/68 12/23/73 SA

RRB FORM G-659a (9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:		2. DATE		3. RRB CLAIM NO. D 51533				
4. NAME OF DECEASED EMPLOYEE JENTARO NEISHI				5. SSA NO. 712-07-9866				
6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED <input type="checkbox"/> RRB <input type="checkbox"/> SSA <input type="checkbox"/> NEITHER		7. DOD 12-06-41		8. LAST RAILROAD EMPLOYER				
9. <input type="checkbox"/> WIA BEING PAID AT MA RATE		10. CHECK OUTSTANDING DATED:						
11. D/O PORTLAND, OREGON		12. DATE 03-04-68		13. <input type="checkbox"/> FAST PAY CASE <input type="checkbox"/> HQ SELECTED <input type="checkbox"/> FIELD SELECTED ADVANCE NOTICE SENT <input type="checkbox"/> FIELD SELECTED NO ADVANCE NOTICE				
14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S) MIYUKI K. NEISHI 120 NE HOLLAADY ST. PORTLAND, OREG. 97232		DATE OF BIRTH 12-28-02	RELATIONSHIP OR TITLE WIDOW	APPLICATION				FORM NUMBER AA-17A
				REQ.	PER-SON	MAIL	EMP.	
15. REQUIRED FORMS AND DOCUMENTS		ATT.	PREV. SUB.	16. REMARKS				
X POD			X					
X POM DOM:			X					
X POA AND/OR POR OF: MIYUKI			X					
X STATEMENT OF EARNINGS		X						
X G-476 a		X						
RL-94-F								
RL-113								
X RR-4d.		X						
POM/S								
PO PAYMENT B/E:								
PO PAYMENT LI/E:								
PO APPT. LEGAL REP.								
DEPEND. STATEMENT OF PARENT OR G-467								
17. FOR HEADQUARTERS USE ONLY								
<input type="checkbox"/> G-73a and att. released on (date) <input type="checkbox"/> G-90 <input type="checkbox"/> G-88a <input type="checkbox"/> G-438 <input type="checkbox"/> OA-C794 <input type="checkbox"/> RR-90 <input type="checkbox"/> <input type="checkbox"/> G-73a not released								

APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

For use when applicant has previously filed an application for a SPOUSE ANNUITY, an INSURANCE LUMP SUM, or INSURANCE ANNUITY on account of the deceased employee (THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD,

D-51533
(DO NOT WRITE IN THIS SPACE)
OFFICIALLY FILED 737

02-26-68
R. Woods, CR.

PORTLAND, OREGON, D.C.

I, MIYUKI K. NEISHI, hereby apply for any insurance annuity payable to me under the provisions of the Railroad Retirement Act, as amended.
(PRINT YOUR FIRST-MIDDLE-LAST NAME)

INFORMATION ABOUT DECEASED EMPLOYEE

1 Name: SENTARO NEISHI 712-07-9866
(PRINT FIRST-MIDDLE-MAIDEN LAST NAME IF FEMALE-LAST NAME) (SOCIAL SECURITY ACC'T. NO.)

2 Date and place of birth: 01-10-82 Hiroshima JAPAN
(MONTH-DAY-YEAR) (CITY OR TOWN) (STATE OR FOREIGN COUNTRY)

3 Date and place of death: 12-06-41 Portland Mont.
(MONTH-DAY-YEAR) (CITY OR TOWN) (STATE OR FOREIGN COUNTRY)

4 Was the deceased employee survived by:
(a) An unmarried child under age 18? NO If "Yes," give name and address of such child:
(YES OR NO)

(b) An unmarried child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before age 18? NO If "Yes," give name and address of such child:
(YES OR NO)
(NAME) (ADDRESS)

5 List all of the employment performed by the deceased employee during the 12 months before his death:

NAMES OF PERSONS OR COMPANIES FOR WHOM THE EMPLOYEE WORKED	ADDRESSES	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
<u>U.P. RR. Co.</u>	<u>BARKITZ</u>	<u>1900</u>	<u>12</u>	<u>1941</u>	

6 Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? NO If "Yes," give the following information:
(YES OR NO)

(a) Kind of trade or business:

(b) Period of self-employment: From To

INFORMATION ABOUT APPLICANT

7 If you are the deceased employee's widow, give your full maiden name: MIYUKI KANDA

8 Have you ever had a social security account number of your own? YES If "Yes," give:
(YES OR NO) 517-30-1345
(NAME SHOWN ON YOUR SOCIAL SECURITY CARD) (SOCIAL SECURITY ACCOUNT NUMBER)

9 Your date and place of birth: 12-28-02 HIROSHIMAHEN
(MONTH-DAY-YEAR) (TOWN OR CITY)
AKIGIN JAPAN
(COUNTY) (STATE OR FOREIGN COUNTRY)

10

Have you remarried since the death of the deceased employee? NO If "Yes," when did you remarry? _____ (YES OR NO) (MONTH-DAY-YEAR)

11

Have you received, or do you expect to receive, benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? NO If "Yes," give name of employee on whose account you received, or expect to receive, benefits and his RRB claim number: _____

12

Are you receiving monthly benefits under the Social Security Act based on:

(a) Your own employment? YES If "Yes," give the amount \$ 87.10 (YES OR NO)

and date benefits began 12-01-69

(b) Any other person's employment (not your own or the deceased employee's)? NO (YES OR NO)

(c) If (b) is answered "Yes," give name of person on whose account you are receiving benefits and his social security account number: _____

13

Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? NO (YES OR NO)

If "Yes," give name of agency: _____

14

In the present calendar year did you work, or do you expect to work, in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act) YES If "Yes," give the following information:

(a) For the present calendar year, give:

NAME AND ADDRESS OF EMPLOYER
OR KIND OF SELF-EMPLOYMENT

SHOW MONTH OR MONTHS IN WHICH YOU WORKED SINCE JANUARY 1 OF THIS YEAR BY ENTERING A CHECK MARK (✓) IN THE APPROPRIATE COLUMN

JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC.

Self Employment - HOTEL OWNER

✓	✓											

(b) If you were employed in the railroad industry this year (or expect to be so employed), give the date last worked (and the months you still expect to work, if any) in such employment. If you have not worked and do not expect to work in such employment, write "None." NONE

(c) For this entire year (January 1 through December 31) do you expect your total earnings from employment for hire and self-employment to exceed \$1200? NO If "Yes," answer (1), (2), and (3) below: (YES OR NO)

(1) For this year I expect that my total earnings from employment for hire and self-employment will be \$ 1600.00

(2) List the months since January 1 of this year in which your monthly earnings did not exceed \$100 and in which you did not render services as a self-employed person. (If none, write "None.") None

(3) Are you now working for more than \$100 a month or rendering services as a self-employed person? YES (YES OR NO)

15

Answer this question only if the employee died before January 1 of this year.

15

Answer this question only if the employee died before January 1 of this year:

(a) During the preceding calendar year did you work in employment for hire?

NO (YES OR NO)

If "Yes," give the following information about all such employment, including employment in the railroad industry:

NAME AND ADDRESS OF COMPANY OR PERSON FOR WHOM YOU WORKED	MONTHLY EARNINGS BEFORE DEDUCTIONS FOR INCOME TAX, SOCIAL SECURITY, ETC.					
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(b) During the preceding calendar year were you self-employed? Yes If "Yes," give the following information about such employment:

(YES OR NO)

(1) Give your net earnings from self-employment for the preceding year: \$ 1977⁰⁰

(2) State kind of trade or business: Hotel

(3) List the months of the preceding year in which you did *not* render services as a self-employed person. (If none, write "None.") None

APPLICANT'S AGREEMENT

- I. A widow's or widower's insurance annuity is not payable to you for any month in which you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn.
- II. All or part of a widow's or widower's insurance annuity is not payable to you for one or more months if while under age 72 you work in employment for hire or perform substantial services as a self-employed person and have earnings in excess of \$1200 for the taxable year. This applies to all work in employment for hire and self-employment, whether or not covered by the Social Security Act.
- III. A widow's or widower's insurance annuity ends with the month before the month in which you remarry.

(QUESTIONS 16 AND 17 MUST BE ANSWERED)

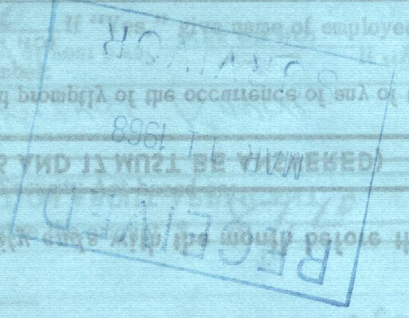
16

Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described above? _____
(YES OR NO)

17

Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act based on your own employment or the employment of any other person, or if, to your knowledge, you could receive such benefits upon filing an application? _____
(YES OR NO)

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)



CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), TWO WITNESSES WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

SIGNATURE OF APPLICANT:

Miguel R. Neishi

(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

120 N.E. Holladay St

Portland

Multnomah

Oreg

97232

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

234-2917

(IF NONE, WRITE "NONE")

DATE SIGNED

02

26

68

(MONTH)

(DAY)

(YEAR)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY INDIVIDUAL WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

Employee's RRB Claim No.

D 0 5 1 5 3 3

Employee's SSA No.

712-07-9866

Name of Employee

JENTARO NEISHI

Name of Applicant

MIYUKI NEISHI

Field Office No.

7 3 1

Officially Filed

MO.

DAY

YR.

0 2

2 6

6 8

By

R. E. Wade, CR

CERTIFICATION BY APPLICANT FOR INSURANCE ANNUITY

I have a pamphlet (G-476) which tells how work and certain events affect an insurance annuity. The contents have been explained to me.

I understand that I must tell the Board:

- If I work for any employer in the railroad industry,
- If I will earn more than \$1,600 in a year from a non-railroad job or self-employment and I am under age 72 in any month of that year,
- If at any age I file an application with the Social Security Administration for monthly benefits based on either my own or another person's earnings record,
- If at age 65 or later I am, or become, insured under the Social Security Act, whether or not I file for benefits, or
- If any other event occurs that affects my annuity.

I also understand that if I am receiving an annuity for someone else, I must report any event which affects that person's annuity.

NAME

SOCIAL SECURITY ACCOUNT NUMBER

SIGNATURE OF APPLICANT

This form was signed by the applicant,

in my presence, on

MONTH

DAY

YEAR

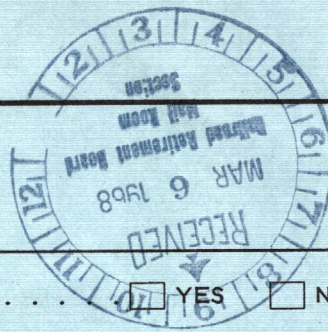
at

CITY

STATE

SIGNATURE OF BOARD REPRESENTATIVE

REPORT OF FORMER WIFE - ANNUITANT
(No Entitled Child In Her Care)



1. Enter your social security account number. (If none, write "None")

--	--	--	--	--	--	--	--	--	--	--	--

2. Are you receiving monthly benefits under the Social Security Act? ☐ YES ☐ NO

If "Yes":

(a) Give date benefits began: _____

(b) Give amount of monthly benefits: \$ _____

(c) Are the benefits based on your own employment? ☐ YES ☐ NO

If "No," give name of person on whose earnings account you are receiving benefits and his social security account number:

NAME	SOCIAL SECURITY ACCOUNT NUMBER

3. For this entire year (January 1 through December 31) do you expect that your total earnings from employment for hire and self-employment will exceed \$1,500? ☐ YES ☐ NO

If "Yes":

(a) Give estimated total amount of earnings for this year: \$ _____

(b) Beginning with January of this year, or with the month in which your husband died if that is later:

Place "X" in box for each month in which you earned more than \$125 as an employee:	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Place "X" in box for each month in which you worked in self-employment:	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(c) Are you now working for more than \$125 a month or working in self-employment? ☐ YES ☐ NO

4. Answer this question only if the employee died before January 1 of this year.

During the preceding calendar year did you work in employment for hire or self-employment? ☐ YES ☐ NO

If "Yes":

(a) Give your total earnings for last year: \$ _____

Place "X" in box for each month in which you earned more than \$125 as an employee:	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Place "X" in box for each month in which you worked in self-employment:	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

CERTIFICATION

KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

DATE SIGNED	SIGNATURE OF PERSON MAKING THIS REPORT
ADDRESS (NUMBER AND STREET)	CITY, STATE & ZIP CODE

CHECK LIST FOR
SURVIVOR APPLICATIONS

1. TO D/O:

2. DATE

3. RRB CLAIM NO.

4. NAME OF DECEASED EMPLOYEE

5. SSA NO.

6. EMPLOYEE DIED:
COMPLETELY (FULLY) INSURED
☐ RRB ☐ SSA ☐ NEITHER

7. DOD

8. LAST RAILROAD EMPLOYER

9. ☐ WIA BEING
PAID AT MA
RATE10. CHECK OUTSTANDING
DATED:

11. D/O

12. DATE

13. ☐ FAST PAY CASE☐ HQ
SELECTED☐ FIELD SELECTED
ADVANCE NOTICE SENT☐ FIELD SELECTED
NO ADVANCE NOTICE

14.

NAME, ADDRESS, AND TELEPHONE
NUMBER OF SURVIVOR(S) OR APPLICANT(S)DATE
OF
BIRTHRELATION-
SHIP OR
TITLEAPPLICATION
RECEIVED
REQ. PER- MAIL EMP. FORM
SON SON NUMBER

15.

REQUIRED FORMS AND DOCUMENTS

ATT.

PREV. TO BE
SUB. SUB.

POD

POM
DOM:

POA AND/OR POR OF:

G-476.8

RL-94-F

RL-113

POM/S

PO PAYMENT
B/E:PO PAYMENT
LI/E:PO APPT.
LEGAL REP.DEPEND. STATEMENT
OF PARENT OR G-467

16. REMARKS

17. FOR HEADQUARTERS USE ONLY

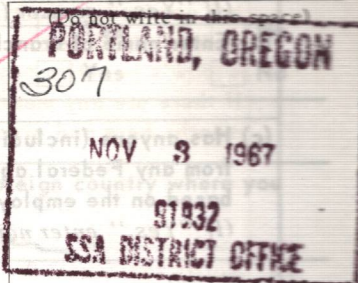
☐ G-73a and att. released on (date)☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90☐☒ G-73a not released



APPLICATION FOR WIDOW'S INSURANCE BENEFITS*

If you are applying as a widow, the information you furnish on this application will ordinarily be sufficient for a determination on the lump-sum death payment, without the filing of any separate application. If you are awarded monthly benefits based on this application, you will be automatically entitled at age 65 to hospital insurance protection. (However, hospital benefits are not payable for hospital services furnished before July 1, 1966.) In addition, this application form may be used for enrollment in the Supplementary Medical Insurance Benefits plan.

NOTICE: Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.



ENTER NAME OF DECEASED WAGE EARNER OR SELF-EMPLOYED PERSON <i>Jentara Neishi</i>	ENTER HIS SOCIAL SECURITY NUMBER <i>712 079866</i>
ENTER YOUR FULL NAME <i>Miyuki K Neishi</i>	ENTER YOUR SOCIAL SECURITY NUMBER (If none or unknown, so indicate) <i>517 301345</i>

I hereby apply for entitlement to all insurance benefits which may be payable to me under Titles II and XVIII of the Social Security Act, as amended.

1. (a) Have you ever filed an application for social security benefits before? ☒ Yes ☐ No
(If "Yes," answer (b) and (c) below.)

(b) Enter name of person on whose earnings record you filed other application
My own

(c) Enter Social Security number of person named in (b)
517 301345

PART I - INFORMATION ABOUT DECEASED WORKER

2. Enter the date of birth of the deceased (Month, day, and year)
12/6/1942
3. Enter the date and place of death (Month, day and year) (City and State)
12/6/42 *Barrett's Montana*
4. Enter the name of the state or foreign country where the deceased had his fixed permanent home at the time of his death. *Montana*

5. Enter the names and addresses of all the persons, companies, or government agencies for whom the deceased worked during the 12 months before death. If the deceased worked in agricultural employment, give this information for the year of death and the year before.

NAME AND ADDRESS OF EMPLOYER (If self-employed, enter "Self-Employed." If none, enter "None.")	WORK BEGAN		WORK ENDED	
	MONTH	YEAR	MONTH	YEAR
<i>Union Pacific RR.</i>	<i>Mar.</i>	<i>1900</i>	<i>12</i>	<i>1942</i>

(If you need more space, use "Remarks" space on the back page.)

6. If the deceased was self-employed this year, last year, or the year before, enter the following information:

Check the year or years in which the deceased was self-employed	In what kind of trade or business was the deceased self-employed?	Were the deceased's net earnings \$400 or more?	
<input type="checkbox"/> This Year		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Last Year		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Year Before Last		<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. (a) About how much did the deceased earn from employment and self-employment during the year in which he died?
(If death occurred this year, answer (b). If not, go on to item 8)
- AMOUNT \$ *about 2500.00*
- (b) About how much did the deceased earn last year?
- AMOUNT \$ *about 2500.00*
8. Did the deceased work in the railroad industry at any time on or after January 1, 1937? ☒ Yes ☐ No

9. (a) Was the deceased in active military or naval service after September 7, 1939? ☐ Yes ☒ No
(If "Yes," answer (b) and (c).) (If "No," go on to item 10.)
- (b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.
- (c) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased? ☐ Yes ☐ No
(If "Yes," enter name(s) of such person(s) and name(s) of Federal agency(ies).)

PART II - MARRIAGE AND RELATED INFORMATION

10. Enter below the information requested about each marriage of the deceased, including his marriage to you.

LAST MARRIAGE OF THE DECEASED	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and state)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and state)
PREVIOUS MARRIAGE OF THE DECEASED	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and state)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and state)

(Use "Remarks" space for information about any other marriage.)

11. Check (✓) whether your marriage to the deceased was performed by:

Clergyman or authorized public official ☒, or Other ☐ (Explain)

12. Have you married since the death of the deceased? ☐ Yes ☒ No

13. Enter below the information requested about each of your marriages. Indicate your marriage to the deceased by entering his name; it is not necessary to repeat the other information about this marriage you have already given in item 10. Enter complete information on all other marriages, whether before or after you married the deceased.

YOUR LAST MARRIAGE	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and state)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and state)
YOUR PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and state)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and state)

(Use "Remarks" space for information about any other marriage.)

14. Answer question 14 if you are applying as a widow.
(a) Were you and the deceased living together at the same address when the deceased died? ☒ Yes ☐ No

(b) If either the deceased or you were away from home (whether or not temporarily) when the deceased died, give the following:

WHICH WAS AWAY	DATE LAST HOME
REASON ABSENCE BEGAN	REASON YOU WERE APART AT TIME OF DEATH
IF HOSPITALIZED, ENTER NAME OF HOSPITAL AND NATURE OF ILLNESS OR DISABLING CONDITION	

Answer question 15 only if you are applying as a surviving divorced wife.

15. (a) Was the deceased under a court order to contribute to your support? ☐ Yes ☐ No
(b) Was the deceased contributing to your support? ☐ Yes ☐ No

PART III - INFORMATION ABOUT YOURSELF

16. Enter your date of birth (Show month, day and year) <u>12-28-02</u>	Enter the name of the State or foreign country where you were born <u>Japan</u>
17. Enter your maiden name <u>Miyuki Kanda</u>	
18. Were you in active military or naval service after September 7, 1939?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Did you work in the railroad industry at any time on or after January 1, 1937?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Some or all of your benefits are not payable if, while under age 72, you work for more than the monthly limit (as defined below) in employment or perform substantial services in self-employment in any month, and you have earnings in excess of the exempt amount (as defined below) for the taxable year.* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

The "monthly limit" is \$100 per month for months in a taxable year ending prior to 1966 and \$125 per month for any taxable year ending after 1965. If the taxable year is a calendar year, the \$125 amount is effective January 1966.

The "exempt amount" of total earnings which you may earn without deduction from benefits is \$1,200 per year for a taxable year which ends before 1966. It is \$1,500 per year for taxable years ending after 1965. If the taxable year is a calendar year, \$1,500 is the exempt amount beginning 1966.

20. (a) How much do you expect your total earnings to be this year? (Count all earnings beginning with the first of this year and all anticipated earnings through the end of this year.) \$ 2000⁰⁰
1500
(If the total in (a) is over the exempt amount, answer (b).)
- (b) Have you earned more than the monthly limit in employment or performed substantial services in self-employment in each of the months of this year including the present month? ☒ Yes ☐ No
(If "Yes," omit (c).)
- (c) If "No," circle each month of this year in which you did not earn more than the monthly limit in employment and did not perform substantial services in self-employment. THIS YEAR:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

21. Answer item 21 only if the deceased died before this year.
- (a) How much were your total earnings last year? \$ 1448.90
(If the total in (a) is over the exempt amount, answer (b).)
- (b) Did you earn more than the monthly limit in employment or perform substantial services in self-employment in each month of last year? ☐ Yes ☐ No
(If "Yes," omit (c).)
- (c) If "No," circle each month of last year in which you did not earn more than the monthly limit in employment and did not perform substantial services in self-employment. LAST YEAR:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

22. An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you earned more than the exempt amount if you were under age 72 at least one full month of that year and received some benefit payment for such a month. FAILURE TO REPORT MAY RESULT IN THE LOSS OF ADDITIONAL MONTHLY BENEFITS.

Do you agree to file the annual report of earnings when required? ☐ Yes ☐ No

*The yearly period referred to in this and following items is the same 12-month period you use in figuring your income tax. If you use a fiscal year, that is, a taxable year that does not end Dec. 31 (with income tax return due April 15), enter here the month your fiscal year ends.

MONTH

23. This application for widow's benefits may be retroactive for as many as 12 months from the date it is filed but not for any month before you reached age 60. (However, September, 1965 is the first month for which a widow's benefit can be paid to a widow under age 62). If you are under age 63, your application may be for widow's benefits payable at a reduced rate. They will continue at a reduced rate even after you reach age 62. If there are any months before you reach age 62 for which you do not wish to claim benefits enter the months here and give your reason.

24. Notify the Social Security Administration promptly if you remarry. Generally, remarriage will decrease the amount of the widow's benefit to which you are entitled. Certain exceptions to this general rule are explained in the "Rights and Responsibilities" booklet which you will receive. However, you must report even if you believe an exception applies. The Social Security Administration will advise you what additional information and evidence, if any, is needed and will give you a decision on whether your benefits may continue in the regular amount. If the man you marry is entitled to social security benefits, the Social Security Administration will advise you whether you can receive a higher benefit based on his earnings record.

Do you agree to notify the Social Security Administration promptly if you remarry, and to promptly return any benefit check you receive for the month you remarry, and for any later month?

☒ Yes

☐ No

REMARKS (You may use this space for any explanations.)

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, commits a crime punishable under Federal law, I certify that the above statements are true.

If this application (and, if relevant, the enrollment question below) has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

SIGNATURE (Write in Ink)

SIGN
HERE

1. NAME

Mrs K Neishi

ADDRESS (Number and Street, City, State, and ZIP Code)

MAILING ADDRESS (Number and Street, P.O. Box, or Rural Route)

2. NAME

CITY, STATE, ZIP CODE

ADDRESS (Number and Street, City, State, and ZIP Code)

DATE (Month, day and year)

TELEPHONE NUMBER

ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE

Answer the question below only if you are now AGE 65 or over, or you will reach AGE 65 in this month or one of the next three months.

ENROLLMENT IN SUPPLEMENTARY MEDICAL INSURANCE BENEFITS PLAN

Your social security district office will be glad to explain this plan and to give you a leaflet containing information on the physicians' and surgeons' services and other medical services covered, premium amounts, enrollment periods, etc. A request for enrollment cannot be effective unless it is made within one of the enrollment periods specified in the law. If you do not enroll within your initial enrollment period, you may have to pay a higher premium for the medical insurance protection and your coverage will not begin until 6 to 9 months after you enroll.

Do you wish to enroll in the supplementary medical insurance benefits plan? (Premium payments will be due. Where possible, these payments will be deducted from your monthly benefit check.)

☐ Yes

☐ No

☐ Undecided

☒ Already Enrolled

Sign below regarding medical insurance benefits plan.

SIGN
HERE

Miyuki K Neishi

[illegible]

CLAIM SUMMARY RECORD

SOURCE	CODE (7)	✓
DIRECT FROM APPLICANT	0	
THROUGH FIELD OFFICE	1	
CARRIER SPECIAL	2	

CLAIM NO. (1-6)

S. S. A. NO.

D-51532

SECTION 1
TYPE AND ASSIGNMENT

0 - ANNUITY "A" CLAIM
1 - ANNUITY "B" CLAIM
2 - EMPLOYEE DEATH CLAIM
3 - APPLICANT DEATH CLAIM
4 - ANNUITANT DEATH CLAIM
5 - PENSIONER DEATH CLAIM

SECTION 2
CLASS

0 - ACTIVE-NEW APPLICATION
1 - ACTIVE FROM INACTIVE
2 - ACTIVE-REOPENED OR DECISION
WITHDRAWN
3 - INACTIVE-NEW APPLICATION

SECTION 3
DISPOSITION

0 - FINAL CERT.
1 - DENIED
2 - ABANDONED
3 - NO CLAIM-DEATH
4 - NOT CERTIFIED
5-PARTIAL CERT.
6-INACT. FROM ACT.
7-ANN. "A" TO "B"
8-ANN. "A" TO APP.
DEATH
9-ANN. "B" TO APP.
DEATH

CODE (8)	DATE (9-12)	EXAMINER	✓	CODE (13)	DATE (14-17)	EXAMINER	✓	CODE (18)	DATE (19-22)	EXAMINER	✓
2	4-29-8	RLH	✓	0	4-29-8	RLH	✓	4	4-29-8	RLH	✓
								0	AUG 24 1948	RLH	✓

SECTION 4
ACTIONS PENDING AND COMPLETED

ITEM	1-PUNCH COLUMN	DATE COLUMNS
0 - GENERAL COUNSEL	29	30-33
1 - FIELD INVESTIGATIONS	34	35-38
2 - EMPLOYMENT RELATION	39	40-43
3 - DISABILITY RATING	44	45-48
4 - APPLICANT DATA	49	50-53
5 - EMPLOYER DATA	54	55-58
6 - OTHER GOVERNMENT AGENCIES	59	60-63
7 - OTHERS	64	65-68

SECTION 5
TICKLER DATES

0 - PROOF OF CONTINUANCE OF DISABILITY
1 - OBTAIN RELINQUISHMENT OF RIGHTS AT AGE 65
2 - DATE OF PROBABLE ELIGIBILITY
3 - DEFERRED BECAUSE OF WAR
4 - DORMANT CLAIMS
5 - TIME LOST
6 - FOR CLOSING
REOPENED UNDER B.O. INITIAL DECISION AFFIRMED
DATE _____ DATE _____
SIGNATURE _____ SIGNATURE _____

CODE	DATE INITIATED	EXAMINER	✓	DATE COMPLETED	EXAMINER	✓	CODE (23)	CALL-UP DATE (24-28)	EXAMINER	✓	DATE COMPLETED	EXAMINER
7	4-29-8	RLH	✓	8-14-8	RLH	✓						

SECTION 6 CLAIM SUMMARY

PAYEE	MR. - MRS. - MISS	ITEM	DATE
		APPLICATION FILED	
		LAST SERVICE-E	
		LAST SERVICE-O	
ADDRESS		RIGHTS RELINQ-E	
		ANNUITY BEGINS	
		APPLICANT'S BIRTH	
		APPLICANT DIED	
		SPOUSE'S BIRTH	
NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED		J & S ELECTION	
		SF-1099	
		SECTION OF ACT	
		TOTAL MOS. SERVICE VERIFIED	

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

AWARD OF INSURANCE ANNUITY OR LUMP-SUM DEATH BENEFIT

FORM PRESCRIBED BY COMPTROLLER GENERAL, U.S.

DECEMBER 10, 1946

1. EMPLOYEE'S S.S.A. NO.

712-07-9866

2. CLAIM NO.

WCD 51533

3. BENEFICIARY'S S.S.A. NO.
(IF ANY)4. ☒ FINAL CERTIFICATION
☐ SUBJECT TO RECONSIDERATION5. NAME OF PAYEE Mrs. Miyuki
Neishi, for the use of
Kazuko Neishi

6. ADDRESS OF PAYEE

141 W. Helena St.
Dillon, Mont.7. ADMINISTRATIVE NUMBER
DATE 98078

8. RELATIONSHIP TO DECEASED EMPLOYEE

daughter of

9. DEATH OF EMPLOYEE

12-6-41

10. NAME OF DECEASED EMPLOYEE

Jentaro Neishi

12. BIRTH OF EMPLOYEE

1-10-82

11. DATE CLAIM FILED

3-27-47

13. BIRTH OF BENEFICIARY

5-13-33

14. REQUIRED
QUARTERS

9

15a. TOTAL QUARTERS OF
COVERAGE 2015b. CURRENT QUARTERS OF
COVERAGE16. QUARTERS OF COVERAGE RE-
SULTING FROM MILITARY SERVICE

0

17. CALENDAR QUARTERS DURING WHICH ANNUITY WAS
PAYABLE PRIOR TO QUARTER IN WHICH AGE 65 WAS
ATTAINED

0

18. TOTAL WAGES AND COMPENSATION

\$ 8952.06

19. DIVISOR

57

20. AVERAGE MONTHLY REMUNERATION

\$ 157.05

21. INCREMENT YEARS

5

22. BASIC AMOUNT \$ 40.12

IF \$10.00 MINIMUM APPLIES, CHECK ☐23. LUMP-SUM BENEFIT (8 TIMES BASIC
AMOUNT)

24. EMPLOYEE DIED:

- ☒
- (a) COMPLETELY INSURED ON THE BASIS OF HIS QUARTERS OF COVERAGE AFTER 1936 AND A CURRENT CONNECTION
-
- ☐
- (b) PARTIALLY INSURED ON THE BASIS OF HIS QUARTERS OF COVERAGE AFTER 1936 AND A CURRENT CONNECTION
-
- ☐
- (c) COMPLETELY INSURED BECAUSE A RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO
-
- ACCRUE TO HIM BEFORE 1948

AMOUNT OF MONTHLY COMPENSATION \$ AND BASIC AMOUNT \$

- ☐
- (d) COMPLETELY INSURED BECAUSE HE WAS RECEIVING A PENSION AT DEATH

AMOUNT OF AVERAGE MONTHLY EARNINGS \$ AND BASIC AMOUNT \$

28(a). CHECK AMOUNT
TO BE USED☐ \$20.00TWICE THE BASIC
AMOUNT☐ \$
80% OF AVERAGE
REMUNERATION☐ \$

25. ORIGINAL BENEFIT:

\$ 20.06

26. ANY OTHER BENEFITS

\$ none

27. ADJUSTED BENEFITS

\$

28(b). MAXIMUM PAYABLE

\$

29. IF \$10.00 MINIMUM IS APPLICABLE, CHECK ☐

30. NUMBER OF AWARDS PREVIOUSLY APPROVED AND TOTAL AMOUNT

31. REDUCTION BY REASON OF PERIODIC GRATUITOUS BENEFITS PAYABLE UNDER ANY OTHER ACT OF CONGRESS:

(a) AMOUNT OF INCREASE RESULTING FROM INCLUSION OF MILITARY SERVICE \$

(b) AGGREGATE AMOUNT OF OTHER BENEFITS PAYABLE \$

(c) RATIO BY WHICH MILITARY SERVICE INCREASES THE QUARTERS OF COVERAGE % \$

32(a). TOTAL REIMBURSABLE BURIAL

EXPENSES ARE: \$

32(b). PAID AS FOLLOWS:

32(c). BALANCE UNPAID

33. THE PAYEE NAMED ABOVE IN THE CAPACITY SHOWN WAS APPOINTED BY (NAME OF COURT):

ON

, 19

THIS IS IN FULL FORCE AND EFFECT.

34. REMARKS:

Widow is working

	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	38. NET AMOUNT NOW PAYABLE
35. PAYABLE BY THIS CERTIFICATION	\$ 17.20	9-1-47	8-31-48	12	\$ 206.40	
36. LESS PREVIOUS PAYMENTS	\$ 20.06	1-1-47	8-31-47	8	\$ 160.48	
37. ADJUSTMENTS						
Death benefit paid under RRA of 1937 to be recovered as follows:						
\$ 240.72 by withholding annuity payments thru 8-31-47.						
\$ 121.75 by actuarial adjustment.						
						\$ 206.40

ADJUDICATOR

L. West

COMPUTER

M. Helms

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, DULY AUTHORIZED UNDER SEC. 10(b) 5 OF THE
RAILROAD RETIREMENT ACT OF 1937 TO MAKE DECISIONS ON APPLICATIONS FOR ANNUITIES, DO HEREBY PRONOUNCE
THE FOREGOING STATEMENTS AS MY DECISION OF FACT AND LAW, AND FIND THAT THE PAYEE IS ENTITLED TO THE
AMOUNTS AS SHOWN IN ITEMS 25 OR 27 AND 38.

DATE AUG 24 1948, 19

SIGNATURE

AUTHORIZATION OFFICER

REFEXAMI

FORM NO. AA-18

(10-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

(DO NOT WRITE IN THESE SPACES)

D-51533

OFFICIALLY FILED

MAR 27 1947

Noris A. Keith
Clerk

CODE

I ACT

0-2140

APPLICATION OF WIDOW, AND WIDOW ON BEHALF OF CHILDREN
FOR SURVIVORS INSURANCE ANNUITYTHIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE
UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDEDALL ITEMS MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE
RAILROAD RETIREMENT BOARD, 844 RUSH STREET, CHICAGO 11, ILLINOIS

Jentaro Neishi

(NAME OF DECEASED EMPLOYEE)

712-07-9866

(SOCIAL SECURITY ACCOUNT NUMBER)

I, Miyuki (none) Neishi OT, hereby make application
(FIRST, MIDDLE AND LAST NAME OF APPLICANT)for all insurance annuities payable under the provisions of the Railroad Retirement Act, as amended, to me
individually and as guardian on behalf of the children listed in item 15 on this application.

PART I. INFORMATION ABOUT DECEASED

1. The deceased was born: Month January Day 10 Year 1881Place: Hiroshimaken Japan
(CITY OR TOWN) (ZONE) (COUNTY) (STATE) (COUNTRY)2. Date of his death: Month December Day 6 Year 1941Place: Barretts Station Beaverhead Montana United States
(CITY OR TOWN) (ZONE) (COUNTY) (STATE) (COUNTRY)3. The deceased was last domiciled in the State of Montana

(PLACE WHERE A PERSON HAS HIS FIXED AND PERMANENT HOME)

4. Was the deceased in the military service of the United States after September 9, 1939? No
(YES OR NO)

If so, give: (DATE OF ENTRY) (PLACE OF ENTRY) (BRANCH OF SERVICE)

(MILITARY ORGANIZATION OR VESSEL)

(SERIAL NUMBER - IF NONE, RANK)

(PLACE OF DISCHARGE)

(DATE OF DISCHARGE)

5(a). Has any claim been filed with the Social Security Administration by the deceased or any other
person(s) for benefits under the Social Security Act based on the employment of the deceased? No
(YES OR NO)

If so, give:

NAME OF PERSON FILING CLAIM

ADDRESS

5(b). Has any claim been filed with the Railroad Retirement Board by the deceased or any other person
for benefits under the Railroad Retirement Act based on the employment of the deceased? No If so, give
(YES OR NO)

NAME OF PERSON FILING CLAIM

ADDRESS

RRB CLAIM NO.

6. Give the following information for the last 30 months of employment of any type which the deceased
performed:NAME OF PERSON OR COMPANY FOR WHOM
THE DECEASED WORKED

ADDRESS

WORK BEGAN
MONTH YEARWORK ENDED
MONTH YEAR

Union Pacific Railroad

Omaha, Nebraska

MAY 1900
June 1939

Oct. 1941

(IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET)

7. Was the deceased married prior to his marriage to you? NO If so, give:
(YES OR NO)

DATE OF PRIOR MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (DEATH, DIVORCE)	DATE AND PLACE MARRIAGE TERMINATED

PART II. INFORMATION ABOUT THE APPLICANTS

8. Your maiden name Miyuki Kanda

9. Date of your birth: Month December Day 28 Year 1902

10. When and where were you and the deceased married? Month May Day 11 Year 1922

Place Missesemachi Asagon Hiroshimaken Japan
(CITY OR TOWN) (COUNTY) (STATE) (COUNTRY)

11(a). Were you and the deceased living together at the same address at the time of his death? Yes
(YES OR NO)

11(b). If not, was he contributing to your support? _____ If so, state how often and in what amounts
(YES OR NO)

11(c). Was he under any court order to contribute to your support? No (If so, copy of court order should be furnished.)
(YES OR NO)

11(d). If you were not living with the deceased at the time of his death, state the reasons _____

12. Have you remarried since the death of the employee? No
(YES OR NO)

If so, when? Month _____ Day _____ Year _____

13. Were you married prior to your marriage to the deceased? No If so, give:
(YES OR NO)

DATE OF PRIOR MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (DEATH, DIVORCE)	DATE AND PLACE MARRIAGE TERMINATED

14. Do you agree to apply all payments made to you on behalf of the child or children for the use and benefit of such child or children? Yes

15(a). Give below the name of each child under 18 years of age and unmarried, who survived the deceased, including the name of each child of the deceased by a prior marriage, stepchild, legally adopted child, and illegitimate child. (If uncertain as to names, dates of birth or whereabouts of such children, explain on a separate sheet.)

FULL NAME OF CHILD	DATE OF BIRTH			NAME AND ADDRESS OF PERSON WITH WHOM THE CHILD WAS RESIDING AT TIME OF DECEASED'S DEATH AND RELATIONSHIP OF THAT PERSON TO THE CHILD
	MONTH	DAY	YEAR	
<u>Yukiko Neishi</u>	<u>October</u>	<u>19</u>	<u>1930</u>	<u>Mrs. Miyuki Neishi- Barretts Station, Mont</u> <u>Relation- Mother</u>
<u>Kazuko Neishi</u>	<u>May</u>	<u>13</u>	<u>1933</u>	<u>Mrs. Miyuki Neishi- Barretts Staion, Mont.</u> <u>Relation- Mother</u>

(IF YOU ARE NOT FILING THIS APPLICATION ON BEHALF OF ANY CHILD LISTED ABOVE, ATTACH A SEPARATE SHEET GIVING THE NAME OF EACH SUCH CHILD AND THE REASON(S) FOR NOT FILING. ALSO GIVE THE NAME AND DATE OF DEATH OF ANY CHILD LISTED ABOVE WHO IS NOW DECEASED.)

15(b). Are all of the children named in item 15(a) now residing with you? Yes If not, give below the name of each child not residing with you now: _____

15(b). Are all of the children named in item 15(a) now residing with you? Yes If not, give below the name of each child not residing with you now: (YES OR NO)

FULL NAME OF CHILD	NAME AND ADDRESS OF PERSON WITH WHOM THE CHILD NOW RESIDES AND RELATIONSHIP OF THAT PERSON TO THE CHILD

16. Which, if any, of the children mentioned in item 15(a) is: (a) a stepchild of the deceased? _____; (b) a child legally adopted by the deceased? _____; (c) a child of the deceased legally adopted by another person? _____; (d) an illegitimate child? _____

17. Indicate which, if any, of the stepchildren named in item 15(a) on whose behalf this application is made, received contributions toward its support from such child's father or adopting father at the time of the deceased's death _____

18. Give the following information for each child listed in item 15(a) who is 16 years of age or over and attends school regularly:

NAME OF CHILD	NAME AND ADDRESS OF SCHOOL
Yukiko Neishi	Beaverhead County High School; Dillon, Montana

19. Have you or any of the children on whose behalf this application is made ever had a social security account number? No If so, give the following information: (YES OR NO)

NAME AS SHOWN ON SOCIAL SECURITY ACCOUNT NUMBER CARD	SOCIAL SECURITY ACCOUNT NUMBER

20(a). Have you previously filed an application for yourself or on behalf of the children named in this application for any benefits under the Social Security Act based on employment other than that of the deceased? No If so, give: (YES OR NO)

(NAME OF WAGE EARNER ON WHOSE WAGES THE CLAIM WAS BASED)	(SOCIAL SECURITY ACCOUNT NO.)	(DATE FILED)

20(b). Have you previously filed an application for benefits under the Railroad Retirement Act? No If so, give: (YES OR NO)

(NAME OF EMPLOYEE ON WHOSE SERVICE CLAIM WAS BASED)	(SOCIAL SECURITY ACCOUNT NO.) (R.R. RETIREMENT CLAIM NO.)

21(a). Are you or any of the children for whom you are filing this application working for wages of \$25.00 or more a month in employment covered by the Social Security Act? Yes Did you or any of the children for whom you are filing this application work for wages of at least \$25.00 a month in any of the three months immediately preceding the present month? No If the answer to either of these questions is "Yes," give: (YES OR NO)

NAME OF APPLICANT	NAME AND ADDRESS OF PERSON OR COMPANY FOR WHOM APPLICANT WORKED	MONTH(S) WORKED	WAGES RECEIVED
Miyuki Neishi	SKETS MURRAY PROP. SKETS CATE	December '46	145.00
		January 47	155.00
	Dillon MONTANA	February 47	140.00

(IF ADDITIONAL SPACE IS REQUIRED ATTACH A SEPARATE SHEET)

21(b): Are you or any of the children for whom you are filing this application working for a railroad or other employer covered by the Railroad Retirement Act? No Did you or such children, if any, work for such an employer in any of the three months immediately preceding the present month? No If the answer to either of these questions is "Yes," give:
(YES OR NO) (YES OR NO)

NAME OF APPLICANT	NAME AND ADDRESS OF EMPLOYER COVERED BY RAILROAD RETIREMENT ACT	OCCUPATION	MONTH(S) WORKED

(IF ADDITIONAL SPACE IS REQUIRED ATTACH A SEPARATE SHEET)

PART III. CERTAIN PROVISIONS OF THE LAW

(QUESTIONS 22 AND 23 MUST BE ANSWERED)

A widow's insurance annuity is not payable (a) for any month in which the widow works for wages of \$25.00 or more in employment covered by the Social Security Act; or (b) for any month in which she works for a railroad or other employer covered by the Railroad Retirement Act regardless of the amount earned; or (c) if she remarries. In addition, a widow's current insurance benefit is not payable for any month in which the widow does not have in her care a child of the deceased husband entitled to receive a child's insurance annuity.

A child's insurance annuity is not payable (a) for any month in which the child works for wages of \$25.00 or more in employment covered by the Social Security Act; or (b) for any month in which the child works for a railroad or other employer covered by the Railroad Retirement Act regardless of the amount earned; or (c) upon failure of a child aged 16 years or more to attend school regularly; or (d) if the child dies; or (e) if the child marries; or (f) if the child is legally adopted by some other person; or (g) if the child attains age 18.

22. Do you agree to notify promptly the Railroad Retirement Board of the occurrence of any of the events enumerated above, and to return promptly any check received by you for yourself or any of the children for whom you are filing this application for benefits for a month in which such event occurs? Yes
(YES OR NO)

23. Do you also agree to notify the Railroad Retirement Board promptly when you no longer have responsibility for the welfare and care of any child on whose behalf this application is made? Yes
(YES OR NO)

PART IV. CERTIFICATION

24. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

SIGNATURE OF APPLICANT:

Miyuki Neishi

(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

ADDRESS:

141 W. Helena Street

(STREET AND NUMBER)

Dillon

(CITY)

(ZONE NUMBER)

Montana

(STATE)

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

JAN 28 1942

ACT OF

1935 ☐1937 ☒

NO.

D51533

SOCIAL SECURITY ACCOUNT NUMBER

712-03-9866

AWARD OF DEATH BENEFITS OR SURVIVORS ANNUITY

FORM APPROVED BY COMPTROLLER GENERAL, U.S., JUNE 3, 1941

NAME OF PAYEE

Miyuki Neishi

ADDRESS OF PAYEE

Dillon
Mont.DATE OF DEATH OF
EMPLOYEE

Dec 6, 1941

RELATIONSHIP OF PAYEE TO DECEASED

Designated beneficiary

DATE OF DEATH OF
SPOUSE

NAME OF DECEASED

Gentaro Neishi

THIS SPACE TO BE FILLED IN ONLY WHEN CLAIM IS PAYABLE UNDER SECTION 5 OF 1935 ACT OR SECTION 4 OF 1937 ACT

(a) DECEASED EMPLOYEE'S NET ANNUITY

\$ None

OPTION

\$

SURVIVORS ANNUITY

\$

EFFECTIVE DATE

ACCRUED SURVIVORS ANNUITY

\$

FROM EFFECTIVE DATE TO

DEATH BENEFIT (1935 ACT) (50% OF (a))

\$

EFFECTIVE DATE

ACCRUED DEATH BENEFIT

\$

FROM EFFECTIVE DATE TO

THIS SPACE TO BE FILLED IN ONLY WHEN CLAIM IS PAYABLE UNDER SECTION 5 OF 1937 ACT

(b) AGGREGATE COMPENSATION SUBSEQUENT TO DECEMBER 31, 1936, EXCLUSIVE OF COMPENSATION
EARNED IN ANY MONTH IN EXCESS OF \$300.00

\$906.69

(c) 4% OF (b)

\$36.27

ANNUITIES

PAYMENTS AND ACCRUALS

DATE

FROM

TO

AMOUNT

PER MONTH

TOTAL

PAID EMPLOYEE DURING LIFE

\$

UNPAID AT DEATH

\$

PAID SPOUSE DURING LIFE

\$

UNPAID AT DEATH

\$

(d) TOTAL ANNUITIES PAID AND ACCRUED

\$ None

(e) ADJUSTMENT: PREVIOUS PAYMENT OF DEATH BENEFIT (1937 ACT), D.O. VOUCHER NO.

\$

(f) AMOUNT OF DEATH BENEFIT (1937 ACT) PAYABLE PER THIS CERTIFICATION

\$362.47

ON THE _____ DAY OF _____, 19____, THE _____

AS _____

APPOINTED _____

OF _____ WHOSE DOMICILE IS _____

AND SUCH APPOINTMENT IS STILL IN FULL FORCE AND EFFECT.

SUBMITTED BY

Moran Dan Ray

RETIREMENT CLAIMS EXAMINER

DATE

JAN 24 1942

I, THE UNDERSIGNED, AN OFFICER OF THE RAILROAD RETIREMENT BOARD, DULY AUTHORIZED TO MAKE DECISIONS UNDER SEC. 10(b) OF THE RAILROAD RETIREMENT ACT OF 1937, ON APPLICATIONS FOR ANNUITIES OR DEATH BENEFITS, CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT, THAT THE DECISION IS IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE RAILROAD RETIREMENT BOARD, AND I HEREBY CONSTITUTE IN PURSUANCE OF SUCH AUTHORITY THE FOREGOING AS MY DECISION OF FACT AND LAW

JAN 28 1942

DATE

CONTINUATION SHEET

RETIREMENT CLAIMS EXAMINER

D-51533 (2) Need 12-6-41

Form CER-1

SOCIAL SECURITY-CARRIER EMPLOYEE REGISTRATION

APPLICATION FOR ACCOUNT NUMBER

38 712-07-9866

Answer should be made to each query.
If it is "NONE" or "UNKNOWN", so indicate.

PRINT NAME		JENTARO (None) NEISHI 200		LEAVE BLANK FOR CARRIER'S USE ONLY	
1. (EMPLOYEE'S FIRST NAME)		(MIDDLE NAME)		(LAST NAME)	
2. (MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)		3. Dillon Montana		4. 1	
5. P.O. Box 692		(STREET AND NUMBER)		(POST OFFICE)	
6. Union Pacific R.R. Co		(NAME OF CARRIER BY WHICH EMPLOYED)		7. 722	
8. Barretts		9. Montana		10. Section Foreman	
11. 59		12. DATE OF BIRTH 1-10-1878		13. PLACE OF BIRTH HIROSHIMA JAPAN	
14. Mitsuzo (Unknown) NEISHI		15. Tome (Unknown) TANAKA		16. 1-5	
17. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		18. COLOR: WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER Japanese		19. 1-5	
20. IF YOU HAVE PREVIOUSLY FILLED OUT A GOVERNMENT CARD LIKE THIS, SHOW		21. (NAME OF EMPLOYER FOR WHOM WORKING AT TIME OF FILING)		22. (PLACE)	
23. 1-10-1937		24. gentaro Neishi		25. (DATE)	
26. (DATE SIGNED)		27. (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)		28. (NUMBER, IF ASSIGNED)	

THE BUREAU OF WAGE AND SERVICE RECORDS SHALL COMPLETE THE RECORD OF EARNINGS, FURNISH A PHOTOSTAT OF FORM CER-1, AND CERTIFY AND FORWARD THE FIRST COPY TO THE DIVISION OF RETIREMENT CLAIMS, SURVIVORS CLAIMS SECTION.

FORM NO. G-73a
(12-0) (2)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
STATEMENT OF SUBSEQUENT EARNINGS
SURVIVOR'S CLAIM

CLAIM NUMBER
D 51533

DATE FORM RELEASED
Jan 3, 1942

SOCIAL SECURITY ACCOUNT NUMBER
712-07-9866

NAME OF EMPLOYEE

Neishi

DATE OF BIRTH

1 10 1878
MONTH DAY YEAR

PLACE OF EMPLOYMENT

OCCUPATION

DATE OF DEATH

12 6 1941
MONTH DAY YEAR

Barratts, Mont.

Sec. Foreman

NAME OF LAST EMPLOYER OR EMPLOYERS

DATE LAST WORKED

12 5 1941
MONTH DAY YEAR

Union Pacific RR

REPORT OF COMPENSATION RECORDED FOR PERIOD SUBSEQUENT TO DECEMBER 31, 1936, TO THE END OF THE QUARTER NEXT PRECEDING THE LAST TWO COMPLETED CALENDAR QUARTERS PRIOR TO DATE OF DEATH, UNLESS OTHERWISE INDICATED.

QUARTERLY COMPENSATION FOR YEAR 1941

QUARTER	EMPLOYER NUMBER	AMOUNT OF COMPENSATION	QUARTER	EMPLOYER NUMBER	AMOUNT OF COMPENSATION
FIRST	1715	\$ 481.78	THIRD		\$
SECOND	1715	\$ 348.77	FOURTH		\$
TOTAL RECORDED COMPENSATION FOR ABOVE YEAR					\$ 830.55
TOTAL RECORDED COMPENSATION FOR COMPLETED CALENDAR YEARS					\$ 7602.62
TOTAL					\$ 8433.17

REMARKS

Dec 40

RECEIVED
JAN 7 1942
DIVISION OF RETIREMENT CLAIMS
SURVIVORS CLAIMS SECTION

RECEIVED
JAN 3 1942
DIVISION OF RETIREMENT CLAIMS
SURVIVORS CLAIMS SECTION

RECORDS CHECKED	1937	1938	1939	1940	1941	CLERK (INITIAL)
ADJUSTED LEDGER FILE						M
LEDGER						JCM
SUSPENSE ACCOUNT (ALPH. & NUM.)						
EMPLOYER'S SUSPENSE ADJUSTMENTS						
MULTI-LISTS						
EMPLOYER'S REPORTS						
VERIFIED						JK

I CERTIFY THAT THE COMPENSATION ENTERED ABOVE IS THAT OF THE INDIVIDUAL NAMED AND IDENTIFIED IN THIS FORM, AND IS CORRECT ACCORDING TO THE RETURNS FILED BY THE EMPLOYER. THE COMPENSATION REPORTED IS FOR SERVICE RENDERED TO AN EMPLOYER UNDER THE ACT AND DOES NOT INCLUDE EARNINGS IN EXCESS OF \$300 IN ANY CALENDAR MONTH.

(FOR DIRECTOR, WAGE AND SERVICE RECORDS)

JAN 7 1942

DATE

D 51533

Jan 3, 1942

712-07-9866

Jantaro

Neishi

1

10

1878

Barratts, Mont.

Sec. Foreman

12

6

1941

Union Pacific RR

12

5

1941

PLACE "/" BEFORE EACH
ITEM APPLICABLE.
CHANGE TO "X" WHEN ITEM
NO LONGER APPLIES.

FORM NO. G-184

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

NUMBER

ACT OF

1935

1937

STATUS AND CLASSIFICATION CARD

BENEFIT

BENEFICIARY

NAME OF EMPLOYEE

SURVIVOR ANNUITY \$

DESIGNATED BENEFICIARY

ACCRUED ANNUITY \$

NO ADMINISTRATION

DEATH BENEFIT \$

ADMINISTRATOR OR EXECUTOR

UNCLASSIFIED BENEFIT *

SURVIVOR ANNUITANT

NO BENEFITS DUE

SPOUSE OR DEPENDENT NEXT OF KIN

ABANDONED

INELIGIBLE

UNCLASSIFIED BENEFICIARY *

DOMICILE (STATE)

NAME OF EMPLOYER

OCCUPATION

DEPARTMENT

* DELETE WHEN CLASSIFIED

INFORMATION REQUIRED

FROM OUTSIDE BOARD

FROM WITHIN BOARD

APPLICATION

REPORT OF SERVICE AND EARNINGS

DEATH CERTIFICATE

OTHER EVIDENCE

DISABILITY DECISION

COMPUTATION

REPORT OF SERVICE AND EARNINGS

STATEMENT OF PREVIOUS PAYMENTS

EMPLOYMENT RELATION DECISION

FINDINGS UNDER STATE LAWS

SUBMITTED FOR PAYMENT OF

TO BE RECERTIFIED? YES ☐ NO ☐

DATE RECERTIFIED

SUBMITTED FOR DENIAL OF

CERTIFIED PRIOR TO DEATH?

YES

NO

☐ FULLY

☐ PARTIALLY

☐

Potential
and to control units
Here

JAN 24 194

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

Read
Instructions
on the
Reverse Side

RAILROAD RETIREMENT BOARD NUMBER
D-51533
SOCIAL SECURITY ACCOUNT NUMBER
712-07-9866

APPLICATION FOR BENEFITS UPON DEATH OF
EMPLOYEE, APPLICANT, OR ANNUITANT

INFORMATION ABOUT DECEASED

1. FULL NAME <u>Jentaro Neishi</u>		4. DATE OF LAST EMPLOYMENT <u>December, 1941</u>	
2. DATE OF BIRTH <u>January 10, 1878</u>		4a. LAST EMPLOYED BY <u>Union Pacific Railroad Company</u> EMPLOYER	
2a. DATE OF DEATH <u>December 6, 1941</u> (ATTACH OFFICIAL DEATH CERTIFICATE)		4b. LAST EMPLOYED AT <u>Barratts, Montana</u> PLACE	
3. PERMANENT HOME (DOMICILE) AT TIME OF DEATH <u>Dillon</u> <u>Beaverhead, Montana</u> POST OFFICE COUNTY STATE		4c. LAST EMPLOYED AS <u>Section foreman</u> OCCUPATION	

5. FULL NAME OF WIDOW AND INFORMATION REGARDING OTHER RELATIVES DEPENDENT ON HIM AT TIME OF DEATH

NAME	RELATIONSHIP	ADDRESS
<u>Miyuki Kanda Neishi</u>	<u>Wife</u>	<u>Dillon, Montana</u>
<u>Yukiko Neishi</u>	<u>Daughter</u>	<u>Dillon, Montana</u>
<u>Kazuko Neishi</u>	<u>Daughter</u>	<u>Dillon, Montana</u>

6. NAMES OF ANY RAILWAY LABOR ORGANIZATIONS FOR WHICH HE PERFORMED SERVICE AFTER DECEMBER 31, 1936.

8. DID HE LEAVE A WILL OR A PAPER APPEARING TO BE A WILL? YES ☐ NO ☒

8a. HAS IT BEEN OR WILL IT BE PROBATED? YES ☐ NO ☐

8b. IF "YES", NAME AND ADDRESS OF EXECUTOR

6a. WAS HE PAID FOR SUCH SERVICES? YES ☐ NO ☐

7. DID HE FILE WITH THE BOARD A WRITING NAMING YOU TO RECEIVE A JOINT AND SURVIVOR ANNUITY?

Not known YES ☐ NO ☐

7a. DID HE FILE WITH THE BOARD A WRITING NAMING YOU AS BENEFICIARY TO RECEIVE ANY AMOUNTS DUE UNDER THE RAILROAD RETIREMENT ACTS?

YES ☒ NO ☐

(IF SO, ATTACH DUPLICATE COPY OF FORM AA-11 IF AVAILABLE)

7b. STATE FULL MAIDEN NAME IF APPLICANT IS A WOMAN

Miyuki Kanda

8c. IF "NO" GIVE REASON WILL IS NOT TO BE PROBATED

8d. IF NO WILL IS TO BE PROBATED, NAME AND ADDRESS OF ANY ADMINISTRATOR NAMED BY COURT TO SETTLE ESTATE

8e. IF NO ADMINISTRATOR HAS BEEN NAMED, IS IT EXPECTED ONE WILL BE? YES ☒ NO ☐

QUESTIONS 9 TO 15b INCLUSIVE ARE TO BE ANSWERED ONLY IF THE ANSWER TO 7 AND 7a IS "NO", AND THE ANSWERS TO QUESTIONS 8 TO 8e. INCLUSIVE SHOW THAT NO EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED

9. SURVIVORS: 9a. WIDOW OR WIDOWER, CHILDREN AND PARENTS

NAME	RELATIONSHIP	AGE	ADDRESS

9b. NAME OF EACH CHILD WHO DIED BEFORE THE DECEASED, HAVING CHILDREN WHO SURVIVED THE DECEASED, AND IN EACH CASE, NAMES AND ADDRESSES OF SUCH GRANDCHILDREN

NAME	RELATIONSHIP	AGE	ADDRESS

9c. SURVIVING BROTHERS AND SISTERS AND DESCENDANTS OF DECEASED BROTHERS AND SISTERS

NAME	RELATIONSHIP	AGE	ADDRESS

REAL ESTATE OWNED AT DEATH

10. IN WHOSE NAME OR NAMES IS THE TITLE?

10a. ESTIMATED VALUE

10b. AMOUNT OF MORTGAGE AND OTHER LIENS

PERSONAL PROPERTY LEFT

11. CASH

11a. ESTIMATED VALUE OF

HOUSEHOLD GOODS

OTHER PERSONAL PROPERTY

12. EXPENSE OF LAST ILLNESS

12a. AMOUNT ALREADY PAID

12b. PAID FROM FUNDS OF

TO BE FILLED IN ONLY IF APPLICATION IS FILED BY OR FOR THE WIDOW

16. WERE YOU MARRIED TO AND LIVING WITH THE DECEASED AT THE TIME OF HIS DEATH? YES ☒ NO ☐

16a. APPLICANT'S NAME AT TIME OF MARRIAGE TO DECEASED

Miyuki Kanda

17. HAS ANY CLAIM BEEN FILED WITH THE SOCIAL SECURITY BOARD BY THE DECEASED OR ANY OTHER PERSON, FOR BENEFITS UNDER THE SOCIAL SECURITY ACT BASED UPON THE EMPLOYMENT OF THE DECEASED? YES ☐ NO ☒ IF YES, BY WHOM?

18. IF THE BOARD DECIDES THAT A PAYMENT OF \$500 OR LESS IS DUE AND THAT YOU, BECAUSE OF YOUR RELATIONSHIP TO THE DECEASED AND/OR BECAUSE YOU HAVE PAID FUNERAL EXPENSES OF THE DECEASED, ARE ENTITLED TO A PREFERRED CLAIM UNDER THE PENSION, EXEMPTION OR ALLOWANCE LAWS OF THE DECEASED'S LAST DOMICILE, DO YOU HEREBY SELECT AND CONSENT TO ACCEPT SUCH PAYMENT AS A FIRST CHARGE AGAINST ANY SUCH PREFERRED CLAIM AND AGREE THAT IF THE ESTATE IS EVER ADMINISTERED YOU WILL NOTIFY THE PROPER COURT OF THE RECEIPT OF THIS PAYMENT AND OF THE FACT THAT IT WAS SELECTED AND ACCEPTED AS A FIRST CHARGE AGAINST YOUR PREFERRED CLAIM, AND TO INDEMNIFY THE UNITED STATES AGAINST LIABILITY ARISING BY REASON OF THIS PAYMENT? YES ☒ NO ☐

I SOLEMNLY SWEAR THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND I CLAIM ANY AMOUNT PAYABLE UNDER THE RAILROAD RETIREMENT ACTS UPON THE DEATH OF THE PERSON NAMED IN ITEM 1 HEREOF.

Dillon, Montana

ADDRESS

SUBSCRIBED AND SWORN TO BEFORE ME THIS 16th day of January, 1942, BY Miyuki Weishi

(NAME OF APPLICANT)

PERSONALLY KNOWN TO ME, OR PROPERLY IDENTIFIED, AS BEING THE PERSON MAKING THIS APPLICATION.

(SEAL)

NOTARY PUBLIC

INSTRUCTIONS

IF APPLICANT IS ACTING AS EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF THE DECEASED, OR AS GUARDIAN OF A MINOR OR INCOMPETENT PERSON, HE SHOULD GIVE HIS TITLE JUST BELOW HIS SIGNATURE. A CERTIFIED COPY OF THE COURT ORDER SHOWING HIS APPOINTMENT SHOULD BE SUBMITTED WITH THE APPLICATION, AND HE SHOULD SIGN HIS NAME EXACTLY AS IT APPEARS IN THOSE PAPERS.

IF THE APPLICATION IS FILED BY OR FOR THE WIDOW OR WIDOWER, PROOF OF THE MARRIAGE MUST BE FILED UNLESS IT IS ALREADY ON FILE WITH THE BOARD. THIS NEED NOT BE DONE, HOWEVER, IF THE ANSWER TO QUESTION 7 OR 7(a) IS "YES." A CERTIFIED COPY OF THE PUBLIC OR THE CHURCH RECORD OF THE MARRIAGE IS THE BEST PROOF, BUT IF NEITHER RECORD IS AVAILABLE THAT FACT SHOULD BE STATED AND THERE SHOULD BE SUBMITTED (1) A MARRIAGE CERTIFICATE, WITH PROOFS OF ITS GENUINENESS, OR (2) THE AFFIDAVITS OF TWO PERSONS WHO HAVE KNOWLEDGE OF THE MARRIAGE.

PENALTIES

SEC. 1. OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY...INDIVIDUAL...WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000, OR BY IMPRISONMENT NOT EXCEEDING 1 YEAR."